

CHAPTER 3

CHAPTER 3

ENROLLMENT PROCEDURESA. GENERAL

1. Enrollment in DEERS is mandatory for all beneficiaries. **As** shown in Figure 3-1 (page 3-44), all active duty personnel and retirees entitled to retirement pay are enrolled automatically **by** their parent Uniformed Service. However, Figure 3-2 (page 3-45) shows that all dependents (including children under 10) must be enrolled by their active duty or retired sponsor. In addition, selected sponsors (those who are issued a **DD** Form 1173, Uniformed Services Identification and Privilege Card) **must enroll** themselves and their dependents. Figure 3-2 also identifies how these beneficiaries become enrolled. An estimated 60 percent of all active duty enlisted and 80 percent of **all** active duty officer and retired personnel have dependents who must be enrolled. The majority of persons need ing to be enrolled will be dependents of active duty sponsors. Enrollment for these persons is discussed In section B of this chapter. Procedures for enrolling retired personnel and survivors are in section C.

2. The initial or intensified enrollment period lasts a short period of time, usually 3 months or less. During this time, clerical support personnel (augmenters) are provided **through the contractor to assist in** enrollment. Detailed information concerning augmenters is in Chapter 4. The number of augmenters allotted to each installation is determined by an analysis of the number of beneficiaries to be enrolled. After the intensified enrollment period, personnel **shall** be enrolled under routine maintenance procedures on a continuing basis.

3. **A** field representative (provided by the contractor) is available to help coordinate the enrollment effort. It is important for Uniformed Service personnel to coordinate enrollment plans with the field representative. Failure to do so may result in a heavy burden for the local personnel after the augmenters have left. At least 1 month before enrollment begins, a field representative shall organize an initial **meeting** with the **local** base-level DEERS project officer and functional representatives from the personnel office, MTF and DTFs, communications office, functional information/public af fairs of f ice, supply office, data processing support, and pass-ID office in order to review procedures. Additional regular meetings of these representatives shall be held by the local DEERS project officer throughout the intensified enrollment period. When intensified enrollment **is** complete and facilities are in a maintenance mode, a field representative shall continue to make periodic visits to assist local personnel. Occasional meetings of the base-level project officer and the functional representatives still shall be held to ensure that maintenance procedures are being followed.

4. In addition to coordinating procedures for intensified enrollment and long-term maintenance, local base responsibilities for intensified enrollment include:

- a. Establishing DEERS enrollment offices at enrollment sites.
- b. Equipping DEERS enrollment offices with proper equipment, such as electric typewriters, typing desks, photocopy machines, and franked envelopes.

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c. Establishing proper communication lines at **all** DEERS enrollment offices; phone lines should include several base lines and at least one AUTOVON line.

d. Obtaining a computer listing by unit of all active duty personnel with dependents that can be used **to** identify areas **of** concentration and to prepare lists to schedule each individual for enrollment.

e. Developing and initiating base maintenance procedures to ensure DEERS updates.

.5. In addition to the phone lines provided by the local base, the DEERS Program Office shall provide a **local** commercial phone line.

B. ACTIVE DUTY DEPENDENT ENROLLMENT

No one method of enrollment of active duty dependents works for all Uniformed Service installations. For example, a facility with a centrally located personnel office is best suited for a single enrollment site. At installations that are geographically spread out, group enrollment at various units usually works best. At these bases, augmenters may travel to the individual units and assist the sponsors as a group. Other procedures that have worked well include scheduling individual appointments for sponsors. These schedules can be generated directly from the computer printout of those sponsors needing to enroll dependents. Another effective procedure is to appoint a DEERS project officer for each unit. It is important that dependents of new arrivals to the installation be enrolled. Procedures shall be established locally to ensure that an enrollment check **is** made as part of In-processing for new arrivals. This procedure shall be continued as part of the maintenance process.

c. RETIREE DEPENDENT AND SURVIVOR ENROLLMENT

1. General

a. ~~During~~ intensified enrollment periods, the DEERS Support Office (DSO), in coordination with the Army, Navy, Marine Corps, **Air** Force, and Coast Guard, shall mail enrollment packets to Army, Navy, Marine Corps, Air Force, and Coast Guard retirees entitled to retirement pay and to survivors (except for Navy) who are receiving annuities. These packets contain a Service-specific letter, a general description of DEERS, two DD Forms 1172, instructions for filling out the DD Form 1172 and enrolling dependents, and a self-addressed return envelope. Packets shall be sent to retirees and survivors during the intensified enrollment effort in their geographic area. See section E. for examples of packets and for details on how the Navy contacts survivors. The USPHS and NOAA are responsible for their own mailings.

b. Mailing labels for these packets shall be printed by **DMD**C from appropriate Service records. The Department of Defense shall provide the DD Forms 1172, the general description of DEERS, and the instructions for filling out the DD Form 1172. The Uniformed Services shall provide camera-ready copies of their letters and return envelopes; the Department of Defense shall print the letters and envelopes. The DSO shall assemble and mail the packets.

c. Retirees and survivors from the Army and **Air** Force can **enroll** dependents either by **mail** or in person **by** visiting their nearest parent Service installation. Retirees and survivors of the Navy, **Marine** Corps, and Coast Guard may visit Service installations for help **in** completing their forms, but these forms must be mailed to designated locations for each Service.

2. Beneficiary Referrals

a. Local enrollment offices may receive telephone calls or visits from individuals seeking information **about** DEERS. Many individuals have not received enrollment packets but think they may be entitled to benefits (for example, widows not receiving annuities). **Local** offices shall provide as much information as possible about **DEERS**.

b. **DD Form 2269**, the **DEERS** Beneficiary Referral Form (Figure 3-3, page 3-46), has been developed to facilitate responding to requests from individuals whose sponsors are from Uniformed Services other than the ones receiving the inquiry. The form may either be given **to** the contractor's field or maintenance representative or mailed to the address below:

DEERS Support Office
2100 Garden Road, Suite B-2
Monterey, California 93940

The DD Form 2269 shall be forwarded by the contractor representative or DSO to the appropriate Uniformed Service for action. Local reproduction of the DD Form 2269 is recommended.

D. ENROLLMENT PROCEDURES

1. Base-Level Enrollment Procedures

a. General. These special instructions shall be followed by the **Uniformed** Services when completing the **DD Form 1172** (see Figure 3-4, page 3-47) for DEERS enrollment.

(1) Verifying procedures are those currently exercised by each parent Uniformed Service regarding ID card issuance; that is, if a **DD Form 1173** is to be issued, refer to parent Service guidelines:

ARMY	AR 640-3, Effective June 15, 1980
NAVY	NAVMILPERSCOM INSTRUCTION 1750.1
MARINE CORPS	MCO P1750.6E
AIR FORCE	AF REGULATION 30-20
COAST GUARD	Personnel Manual (CG-207), section 18C
PUBLIC HEALTH SERVICE -	Adheres to Navy regulations; contact
	Commissioned Personnel Division, USPHS
NOAA	All data prepared by NOAA headquarters

(2) Complete all blocks of the DD Form 1172 as instructed. Do not leave any block blank unless the specific instructions require **it**. If a block

does not apply, write **"N/A"**. Otherwise, the form may be returned for completion, which will further delay enrollment.

(3) Active duty sponsors without dependents need not fill out a DD Form 1172. In the case of a joint marriage (two service members who have dependents), the sponsor upon whom the eligibility was **or** will be based for **issue** of DD Form 1173 should fill out the DD Form 1172 as sponsor. The active duty spouse of that sponsor should not be listed on the DD Form 1172 as a dependent.

(4) Sponsors must list all dependents, including those under age 10 in Section II of the DD Form 1172. If additional space is required, attach another DD Form 1172 or a supplemental page on plain paper. All supplemental pages must indicate sponsor's:

- (a) Full name
- (b) SSN or Service number
- (c) Branch of Service
- (d) Status

(5) Before attaching the additional page, the sponsor (or applicant if regulations permit) must sign the DD Form 1172. All additional pages must be verified.

(6) After verification, a copy of the completed and verified form shall be mailed to:

DEERS Enrollment Processing Center
Post Office Box 1328
Santa Barbara, California 93101

(7) If DD Form 1172 is received at the DEERS Enrollment Processing Center with essential information missing or illegible or the form **is** unverified, it will be returned for correction or completion to the submitting officer. Currently, none of the dependents are enrolled until the form is corrected and returned in a new batch. The essential Information follows:

Sponsor name	Relationship to sponsor
SSN or Service number	Date of birth
ZIP code	Privileges authorized
Sponsor status	MC effective date
Signature of sponsor	Verifying officer's signature,
Dependent name	title, and address

b. Completing the DD Form 1172

(1) Section I - Uniformed Service Sponsor

This section refers to the Uniformed Service sponsor, active duty or retired. (Survivors are sponsored by the deceased service member throughout the period of eligibility.) Because a dependent's eligibility is based on this information, this section must be complete and accurate. Check to make certain all information is in the correct block and is legible. If this

information is missing or illegible, the form shall be returned. Block numbers below refer to the 1979 version of the **DD** Form 1172.

Block 1. NAME - Type, or print **in** ballpoint pen, the complete name **of** the sponsor as follows:

Last Name, First Name, Middle Initial. Do not use nicknames.

Example: Jones, Robert W.

Block 2. SOCIAL SECURITY NUMBER - Write the nine-digit **social** security number (**SSN**) of the sponsor. If the sponsor never had an SSN and his or her records are filed by Service number, enter the Service number.

Examples: SSN 999-99-9999 or SVC No. 1234567

NOTE : This block requires absolute accuracy. If the wrong number is entered, the application shall be returned and processing shall be delayed.

Block 3. GRADE - Enter abbreviation of current pay grade or rank.

Examples: E-3, O-4, SP5, **M/SGT**, **1LT**, **LCDR**, MAJ, HMCS

Block 4. HOME PHONE - Enter the area code and the number.

Examples: 202-0x4-4705 or
408-696-0465

Block 5. OFFICE PHONE - Enter the sponsor's office phone.

Block 6. ADDRESS - Enter the sponsor's MAILING address. If this is a street address, enter the number, the street name, and any apartment number on the first line. Enter the city, state, and ZIP code on the second line. If this is a military Air or Army Post Office (APO) or Fleet Post Office (**FPO**), enter the address to conform with current instructions for APO or FPO usage.

Example: Family address: 99 Jones Road
Somewhere, AZ 93940

Block 7. BRANCH OF SERVICE - Use only one of the following:

USA - Army
USN - Navy
USMC - Marine Corps
USAF - **Air** Force
USCG - Coast Guard
PHS - Public Health Service
NOAA - National Oceanic and Atmospheric Administration

Air National Guard - Spell out
National Guard - Spell out

NOTE : In the case of foreign military personnel, indicate **sponsor's** type of Service, that **is**, if sponsor is Royal Air Force, type or print "Royal Air **Force**," not RAF.

Block 8. STATUS - Check the appropriate box. If "other"* is checked, indicate present status **of** sponsor in Block 60 on the reverse side of the **DD** Form 1172. Present status of sponsor may be indicated by code as follows:

TDRL	-	Temporary Disability Retirement List
FRMMR	-	Former Member (Navy/Marine Corps category only)
FRMMR/DEC	-	Former Member deceased (Navy/Marine Corps category only)
MH		Medal of Honor recipient
MH/DEC	-	Medal of Honor recipient deceased
DAV/DEC	-	100 percent disabled veteran deceased
CIV		Civilian
FP		Foreign personnel
FM		Foreign military
Reserve	-	Spell out
Lighthouse Service	-	Spell out
American Red Cross	-	Spell out

Example: In Block 60 for remarks, type or print comment such as "Block 8 Status - **Civilian**" or "**Block 8 Status CIV**"

Block 9. DATE OF EXPIRATION OF SERVICE OR CONTRACT - This is entered as follows:

YYYY MMM DD

YYYY - Use four digits for year
MMM - Use three letters for month
DD - Use two digits for day

Example: August 7, 1982 shall be entered as: 1982 AUG 07

NOTE : In cases where there is no termination date, enter "'Indefinite."

Block 10. REASON FOR APPLICATION - Leave blank.

(2) Section II - Dependents

This section **is** for dependents who are being enrolled in DEERS. The sponsor or applicant must list each dependent claimed for benefits.

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NOTE : **In** the case of secondary dependents, where central service approval of dependency status is required, these dependents should not be enrolled until that approval is received.

Block 11. NAME - Enter the dependent's name (last name, first name, middle initial) . Do not use nicknames.

Example: Smith, Charles H.

ALSO, enter the dependent's SSN **in** this block. If that person does not have an SSN, mark the block with the notation "**SSN-NONE**".

Block 12. RELATIONSHIP - Enter one of the following codes that best describes the relationship of the dependent to the sponsor.

Self/M	Self/male
Self/F	Self/female
H	Husband
w	Wife
UMw	Unmarried widow ¹
UMWR	Unmarried widower ¹
URW	Unremarried widow ²
URWR	Unremarried widower ²
D	Daughter
s	Son
SD	Stepdaughter
Ss	Stepson
WARD/M	Ward/male
WARD/F	Ward/female
M	Mother (includes adoptive parent)
ML	Mother-in-law (includes adoptive parent)
F	Father (includes adoptive parent)
FL	Father-in-law (includes adoptive parent)
SM	Stepmother
SF	Stepfather

1 Unmarried widow/widower - A spouse who has married after the death of the sponsor and has had 'that marriage terminated by death, decree **of** divorce, or decree of annulment.

2 **Unremarried** widow/widower - A spouse who has never remarried or never legally remarried as **in** the case of an '*AB INITIO' annulment. Spouses in this category would not lose their benefits. The definitions of unmarried **widow/widower** and unmarried widow/widower are also given on the DD Form 1172.

NOTE : If a **dependent** child **is** over the **age** of 21 and his or her entitlement continues due to temporary or permanent incapacity, or due to school enrollment, indicate this in the relationship block using these codes:

INCP - Incapacitated permanently
INCT - Incapacitated temporarily
SCH - Attending school (enter SCH, the name of the institution, and the expected date of **graduation** in Block 60.)

Block 13. DATE OF BIRTH - Enter the dependent's date of birth as follows:

YYYY MM DD

YYYY - Use four digits for year
MM - Use three letters for month
DD - Use two digits for day

Example: August 3, 1947 shall be entered as: 1947 AUG 03

Block 14. PRIVILEGES AUTHORIZED - This block is completed by the verifying officer. Use the following codes:

c - Commissary	EL - Exchange Limited
T - Theater	MS - Medical Care (Uniformed
EU - Exchange Unlimited	Services)
	MC - Medical Care (civilian source)

Block 15. CARD NO. ISSUED - Enter card number issued from card currently **in** possession. If no card, enter N/A.

Block 16. ADDRESS - Complete this block as instructed for Block 6.

Block 17. EYES - Leave blank.

Block 18. HAIR - Leave blank.

Block 19. MC EFFECTIVE DATE - MC (Civilian Medical Care) should be the same as indicated on the existing **DD** Form 1173 or what it would be if a card were being issued.

Block 20. DATE ISSUED - Enter date of issue from card currently in possession. If no card, enter N/A.

Block 21. HEIGHT - Leave blank.

Block 22. WEIGHT - Leave blank.

Block 23. EXPIRATION DATE - The card expiration date should be written here. If this date is not available, a card expiration date should be written in the block as if an ID card **is** being issued.

Blocks 24 through 36. Complete as Blocks 11 through 23. Refer
Blocks 37 through 49. to the instructions for each block.

NOTE : **Blocks** 24 through 36 refer to the second dependent for whom **DEERS** enrollment is made; **blocks** 37 through 49 refer to the third dependent for whom **DEERS** enrollment is made.

If Blocks 24 through 36 or Blocks 37 through 49 are not used, the block should be lined through and the notation "AND NO OTHERS" entered.

(3) Section III -Verification

Blocks 50 through 52. This section is for verification of information supplied in Sections I and II. The personnel officer or other designated official must complete these blocks.

NOTE : Verifying officer must provide complete mailing address. Use street address, city, state, and ZIP code. Use abbreviations only for unit designation and state.

(4) Section IV - Issuing Agency

Need not be completed for DEERS enrollment unless the issuing agency is the verifying activity. This is normally completed **only** if an ID card is issued.

(5) Section V - Sponsor Statement

This section **is** the statement of the sponsor or applicant. It is a further explanation of the dependent's relationship to the sponsor.

Block 58. MARITAL STATUS - Check the box that correctly states the marital status of the sponsor or applicant.

NOTE : Since there is no box for a single (never married) sponsor, **write** "NEVER **MARRIED**" in this entry, if applicable.

Block 58a. Complete this block if a dependent is claiming entitlement by reason of marriage. Enter the place, city and state, and the date of marriage. The data is entered as follows:

YYYY MMM DD

YYYY - Use four digits for year

MMM - Use three letters for month

DD - Use two digits for day

Example: A marriage that took place in Monterey, California, on September 16, 1969, would be entered as:

Monterey, California 1969 SEP 16

Block 58.b. through 58.h. If applicable, complete these blocks.

Block 59. DISPOSITION OF PREVIOUSLY ISSUED CARDS Leave blank.

Block 60. REMARKS - This block is not to be used to list dependents. Dependents under the age of 10 should be listed on the front of the form to ensure that all of the necessary information is provided. If there is a need to explain a special dependent status from the front of the form (such as approval of secondary dependent status), the information must be clearly **labelled** to show which block is continued or explained.

Example: Block 60 REMARKS:

Block 8 - Medal of Honor

Block 12 - SCH John Case, 999-99-9999, enrolled at University of Arizona, **will** graduate 1981 Jun

Block 12 - Dependency **approval** by Air Force Finance Center 1982 Jan 12

(6) Section VI - Statement of Conditions

This section contains a statement of conditions for **DEERS** enrollment and a penalty clause for fraud.

Block 61. DATE OF APPLICATION - Enter the date on DD Form 1172; it is completed as follows:

YYYY MMM DD

YYYY - Use four digits for year

MMM - Use three letters for month

DD - Use two digits for day

Example: **April** 14, 1980 is entered as: 1980 APR 14

Block 62. SIGNATURE - The sponsor signs in this block (see Uniformed Service directive).

c. Submitting the DD Forms 1172

(1) General

(a) Any DD Form 1172 that is sent to the DEERS Enrollment Processing Center must be legible, and each block must be dark enough to be microfilmed.

(b) Active duty personnel who have no dependents need not submit an enrollment DD Form 1172. They will be automatically enrolled from the Uniformed Service personnel files. A retiree without dependents should submit a DD Form 1172 indicating that he or she has no dependents. This procedure will allow the personnel offices to account for the mailing and to distinguish between nonresponse and no dependents.

(c) If verifying documentation, as required by parent Uniformed Service guidelines, is not presented, the DD Form 1172 will not be submitted. Do not submit an unverified DD Form 1172.

(d) If a card issue is Involved, only the issuing office needs to submit the DD Form 1172. The submission of forms by both verifying and issuing officers doubles the data entry workload at the DEERS Enrollment Processing Center.

(e) All submissions shall be accompanied by a numbered and dated DEERS Batch Transmittal Form, the DD Form 2268 (Figure 3-5, page 3-49). This form is available through normal supply channels. Local reproduction is recommended, if necessary.

(2) Verifying Office Submission Procedures

(a) Batching. Use the following guidelines:

1 A batch shall not exceed 50 DD Forms 1172. Each batch must be accompanied by a DD Form 2268. If 50 forms have not been collected by each Friday, there is a mandatory requirement for all DD Forms 1172 to be batched and mailed every Friday. Multiple batches may be mailed in the same packet.

NOTE : When a family has more than three dependents and, therefore, more than one DD Form 1172 is required, count each form separately.

2 Each batch should contain only one type of DD Form 1172. The most current form is the DD Form 1172 dated Jan 1, 1979. Every effort shall be made to use only that form. In those few cases where the 1979 form is not available, and the older 1974 and 1972 forms are used, they must be batched separately.

3 A COPY of each DD Form 1172 and the DD Form 2268 shall be maintained by the enrollment office in accordance with Uniformed Service guidelines. This procedure will allow recovery in the case of lost batches.

- 4 Prepare **DD Form 2268** in accordance with instructions printed on the form. Additional guidelines follow.
- 5 The batch of **DD Forms 1172**, together with the **DD Form 2268**, shall be sent via first class mail to the following address:

DEERS Enrollment Processing Center
Post Office Box 1328
Santa Barbara, California **93101**

(b) Transmittal Number. The transmittal number on the DD Form 2268 shall be constructed as follows:

1 Branch of Service (1 character).

A - Army	E - Public Health Service
N - Navy	I - National Oceanic and
M - Marine Corps	Atmospheric Administration
F - Air Force	O - Other
P - Coast Guard	

2 **UIC/PAS Code/RUC/OPFAC** (8 characters).

If the **UIC/PAS Code/RUC/OPFAC** is less than 8 characters, precede it with zeroes.

3 Unique Control Code.

Day of the year (Julian Day) (3 digits)

Batch number (3 digits) - Enter batch sequence number

(~~00~~1 to 999), beginning with 001 for each new day of the year

Example:

N	0 0 0 <u>4</u> <u>3</u> <u>1</u> 0 <u>3</u>	<u>1</u> <u>5</u> <u>5</u>	0 0 <u>1</u>
		June 3, 1980	Batch number 1

Navy Personnel Support Detachment, Treasure Island (**UIC 43103**)

(c) Daily Log. Each verifying office shall keep a log of each DD Form 2268 sent; **this** log will act as an audit file to ensure that batches were received by the **DEERS** Enrollment Processing Center.

(d) Lost Batch Recovery. It is important that local enrollment offices have the capability to resubmit a lost batch. Therefore, enrollment offices shall maintain a **duplicate** COpy of each batch (with DD Form 2268) or maintain the DD Form 2268 together with a list of sponsors whose DD Forms 1172 are in the batch. When acknowledgment of receipt (the Acknowledgement Report) is received from **DEERS**, those forms may be filed or disposed of in accordance with Uniformed Service **guidelines**.

(e) Follow-up. After a reasonable amount of time (about 4-5 weeks), the verifying officer should have received an acknowledgment of receipt. If not, he or she shall contact DSO, (408) 646-0465, or a contractor field or maintenance representative, to determine whether the batch has been received by DEERS. If no documents were received, the verifying officer shall resubmit a copy of the batch with a duplicate of the original DD Form 2268. Do not change the transmittal number. Write clearly in red ink "DUPLICATE" on the DD Form 2268. This will indicate to the DEERS Enrollment Processing Center that the follow-up procedure has been initiated.

(3) Acknowledgment Procedures

(a) DEERS Forms Processing. When a DD Form 2268 reaches the DEERS Enrollment Processing Center, the following information is checked and discrepancies noted:

- 1 The actual number of DD Forms 1172 received equals the number of **DD** Forms 1172 forwarded.
- 2 The branch of Service code and unique control code.
- 3 Verifying officer's signature.

(b) Acknowledgment Report. An Acknowledgment Report (Figure 3-6, page 3-50) shall be made for every **DD** Form 2268 (and accompanying batch) received. The submitting office should receive this report in about 4 to 5 weeks. The report shall contain the following:

- 1 Submitting activity address.
- 2 Transmittal number.
- 3 Number of **DD** Forms **1172** sent and received.
- 4 Status of each DD Form 1172 in the batch.

Each DD Form 1172 is listed by **sponsor's** name and social security number. If the DD Form 1172 passes the **initial** screening, the word "ACKNOWLEDGED" appears to the right on the report. If, however, the DD Form 1172 has been rejected, the reason is noted to the right of the internal **control** number (**ICN**) (see next page for explanation of **ICN**). Up to four error explanations may appear in this area. If the error pertains to a specific dependent listed on the DD Form 1172, that dependent's name will appear under the sponsor's name and the error code will appear to the right of the dependent's name (for example, **BLANK-REL-TO** SPSR).

Acknowledgment Reports are returned to the field along with DD Forms 1172 that require correction. When the submitting activity is different from that of the verifying office, **only** the Acknowledgment Report is sent to the submitting activity (submitting activity may be the ID card issuing office). The DD Forms 1172 that require correction are returned to the verifying office under cover of the memorandum at Figure 3-7 (**DEERS** FM 1, page 3-51). For the benefit of the submitting activity, a notation **is** made on the Acknowledgment Report that the DD Forms 1172 containing errors have been forwarded to the verifying officers for correction.

(c) Verifying Officer's Action on Acknowledgment Report.
Verifying officers shall take the following action upon receipt of an Acknowledgment Report:

- 1 Verify transmittal log.
- 2 If needed, make corrections on the DD Forms 1172.
- 3 Return corrected DD Forms 1172 in a new batch.

The DEERS FM 1, used to transmit incorrect DD Forms 1172, identifies the specific error(s) needing correction. Verifying officers correct the errors by lining through the incorrect entries and writing the correct information above them. Where space is not adequate for a line-through correction, the verifying officers shall submit a new **DD** Form 1172 stapled to the incorrect DD Form 1172. Verifying officers must sign this new DD Form 1172. (Additional information on error resolution begins on page 3-16.) It is essential to return all **DD** Forms 1172 sent to verifying officers for correction, by sending them **in** a new batch to the following address:

DEERS Enrollment Processing Center
Post Office Box 1328
Santa Barbara, California 93101

If the sponsor has transferred and the verifying officer cannot correct the error, he or she should forward the cover memorandum and erroneous DD Form 1172 to the sponsor's new unit for correction. It is not necessary to notify the processing center of this referral.

(d) Issuing Officer's Action on Acknowledgment Report. The report is furnished for information only and action should be taken in accordance with Uniformed Service guidelines. (**DEERS** requires no further action.)

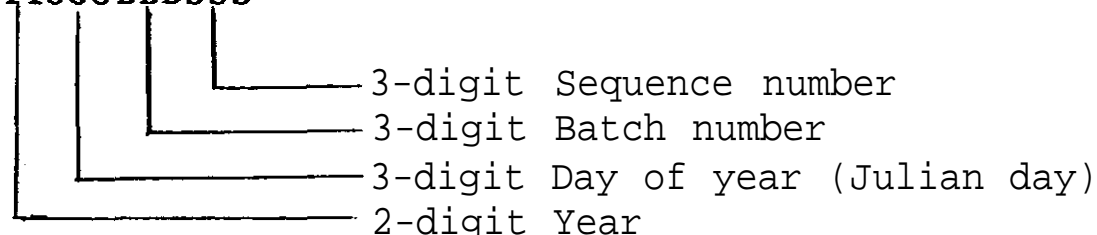
2. DEERS Enrollment Processing

a. Data Preparation at the DEERS Enrollment Processing Center. Data preparation involves the **manual** processing of the **DD** Forms 1172 before the data is keystroked into the computer (data entry). Figure 3-8 (page 3-52) shows the processing center workflow.

(1) Mailroom Station. The **mailroom** staff does an initial sort of mail received by implementation and nonimplementation areas. Having completed the sort, the clerk counts the number of documents received to verify the count submitted by the Uniformed Services.

(2) Internal Control Number (ICN). Each DD Form 1172 is assigned an ICN. The ICN is a unique number by which documents may be identified. The batch number portion of the ICN **is** assigned to correspond with the origin of the batch.

ICN = YYJJBBSSS



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Batch numbers (BBB) are as follows:

Implementation area	000-199
Nonimplementation area	200-699
Error resolution	700-799
Various	800-899

(3) Microfilm Station. Every DD Form 1172 is microfilmed. This provides a permanent record of the document as received by the DEERS Enrollment Processing Center. If a document is illegible, it will not make a legible microfilm print and shall be returned for correction. A quality control check is made of the film to ensure that it is usable for research. If the film is illegible, the document shall be refilmed.

(4) Screening and Coding Stations. The DD Form 1172 first goes through a screening process in which the information on the form is read to make sure that all of the information needed for processing is present and that it is legible. The screener identifies DD Forms 1172 that have to be returned to the verifying officers for correction by making a green checkmark by the block that is incorrect and attaching the DEERS FM 1 that identifies the type of error. Since the DD Form 1172 was not designed for data entry, certain entries must be coded. They are:

- (a) Pay grade
- (b) Branch of Service
- (c) Status
- (d) Date of expiration of service
- (e) Reason for application
- (f) Relationship
- (g) Marital status

b. Data Entry at the DEERS Enrollment Processing Center. Data entry is a two-step function:

(1) Keying. This step **is** the actual transportation of the data (or code equivalent) from the DD Form 1172 into the computer system. Documents containing errors are entered using a special code to indicate the reason for rejection. This entry is required to maintain batch integrity and daily inventories.

(2) Selective Verification of Each Document. This ensures accurate data entry. The following fields are key-verified (re-keyed) by a second operator.

- | | |
|----------------|---|
| (a) Sponsor: | Last name
SSN |
| (b) Dependent: | Last name
SSN (if applicable)
Relationship
Date of birth (DOB) |

c. Correspondence. After the data has been key verified, Acknowledgment Reports are generated for each batch. The **DEERS** Enrollment Processing Center transfers a magnetic tape to the DSO, where the Acknowledgment Report is produced. The Acknowledgment Report lets the submitting activity know the disposition of every **DD** Form 1172 received (see page 3-13) .

3. Resolution of Errors

There is a need to correct errors that are identified during both enrollment and eligibility checking. The DSO researches and attempts to resolve these errors, which are classified as either processing or eligibility checking errors. Eligibility checks allow personnel in MTFs and DTFs, as well as CHAMPUS, to confirm individual eligibility for benefits against the DEERS data base. Queries (telephone and computer terminal) are made to two DEERS Eligibility Centers. Each center has a full Eligibility Data Base and services eligibility needs for approximately half of CONUS. The primary source of records for this Eligibility Data Base is an update transaction file received from the Enrollment system. Detailed Information on eligibility checking **is** contained in Chapter 5.

a. Errors Detected During DD Form 1172 Processing. Errors detected during DEERS enrollment processing can be further categorized into **pre-** and postdata entries.

(1) Predata Entry

(a) Problems arise in the tracking of batches from the Uniformed Service to the DEERS Enrollment Processing Center. DD Form 1172 batches received at the DEERS Enrollment Processing Center without **DD** Forms 2268 are difficult to account for and acknowledge.

(b) A second type of error occurs when **DD** Forms 1172 do not meet the minimum processing requirements. Before a **DD** Form 1172 can be keypunched, it must be legible and contain:

Sponsor name	Relationship to sponsor
SSN or Service number	Date of birth
ZIP code	Privileges authorized
Sponsor status	Verifying officer's signature,
Dependent name	title, and address
Signature of sponsor	MC effective date

Forms that do not contain this essential information are **returned** to the verifying officer with the DEERS FM 1. Currently, none of the dependents are enrolled until the **DD** Form 1172 **is** corrected and returned **in** a new batch to the **DEERS** Enrollment Processing Center (see page 3-13).

(2) Postdata Entry

(a) The most easily corrected error detected after data entry (given a valid **DD** Form 1172) is a keypunch error. All batches are verified after they have gone through data entry. The batch is re-keyed by another operator to ensure that critical fields of the DD Form 1172 are correct. This selective

verification process corrects most of the keypunch mistakes made at the data entry site.

(b) Additional errors are found when the **DD** Form 1172 data are edited. **Each** week, the DSO receives a computer listing of these errors. DSO personnel **locate** the **DD** Form 1172 and correct most **of** these types of errors. Other types of errors are of a nature that require verifying officer correction.

(c) In some cases the verifying officer will need the **DD** Form 1172 to correct the error. A memorandum will be sent to the verifying officer explaining the specific error requiring correction. The DSO will send a memorandum, DEERS FM 2 (figure 3-9, page 3-53), to verifying officers if it appears that there is more than one spouse currently eligible for privileges. The verifying officer should identify the spouse who is no longer eligible for privileges, indicate the reason, note the ending effective date, sign the letter, and return **it** to the following:

DEERS Support Office
2100 Garden Road, Suite B-2
Monterey, CA 93940

(d) For all other errors that require verifying officer correction, the **DD** Form 1172 will be sent back to the verifying officer, accompanied by the cover memorandum DEERS FM 3, (Figure 3-LO, page 3-54) identifying the type of error encountered. The verifying officer shall comply with the instructions on the cover memorandum and return the completed **DD** Forms 1172 to the following:

DEERS Support Office
2100 Garden Road, Suite B-2
Monterey, CA 93940

NOTE : The only **DD** Forms 1172 that should be sent to the DEERS Enrollment Processing Center in Santa Barbara are first-time submissions or **DD** Forms 1172 that **have** been returned with Acknowledgment Reports and DEERS FM 1. All other **DD** Forms 1172 should be returned to the DSO in Monterey.

b. Errors Detected During Eligibility Checking. When an eligibility check or query is **made**, **it** is possible that the eligible beneficiary may not be found on the file; this is called a "No Hit." This situation may be indicative of problems that escaped detection during the enrollment or maintenance phase. Several possibilities may cause a "No Hit":

(1) The **DD** Form 1172 was not submitted; it was submitted but not processed by the day of query; or it was submitted and returned, but has not been corrected and resubmitted by the verifying officer.

(2) The **DD** Form 1172 was submitted, but there was no sponsor found on the Enrollment Data Base. This could be a keypunch error during **DD** Form 1172 processing, an error on the Enrollment Data Base, or delays in the receipt or processing of the sponsor file.

(3) The SSN or Uniformed Service number was entered incorrectly during the query.

When an error **is** detected during an eligibility check in a medical or dental facility, MTF and DTF personnel will prepare a DEERS Enrollment Follow-up Form, DD Form 2270 (see page 5-18). This form, with the type of error noted, **is** given to the beneficiary with instructions to contact the sponsor's personnel **office** to correct the discrepancy. Personnel offices shall take appropriate action.

4. Subsequent Enrollment and Maintenance Procedures

After the initial enrollment of a sponsor and his or her dependents, events may occur that require modification to the information on file. An ID card usually will be issued as a result of that event. Prior to card issuance, a DD Form 1172 must be completed. Uniformed Service guidelines require submission **of** a copy of that DD Form 1172 to the DEERS Enrollment Processing Center. The data base will be modified upon receipt of that form. There are, however, instances in which no card will be issued. These have been categorized as add/terminate/change. **This subsection describes procedures for making changes to the data base when no card is issued.** (DD Forms 1172 submitted that do not contain **all** essential information **shall** be returned to the verifying officer for correction.)

a. Add. In situations in which a dependent is to be added to the file, as in the **case** of a newborn or an adoption, the personnel office shall submit a new DD Form 1172, marking an "A" in the left-hand margin by the new dependent's name.

Example: Newborn Son

A	11. NAME (Last First Middle Initial SSN (if applicable))	12. RELATIONSHIP	13. DATE OF BIRTH (Yr. Mo. Day)	14. PRIVILEGE AUTH (J/)	15. CARD NO. ISSUED
	Doe, John E.	son	1980 Jan 02	C T EU MC MS	ii/A
	16. ADDRESS (Include ZIP Code)	17. EYES	18. "	19. MC EFFECTIVE DATE (Yr. Mo. Day)	20. DATE ISSUED (Yr. Mo. Day)
	1205 Maple St. Anytown, MA 03790			1980 Jan 02	
		21. HEIGHT	22. WEIGHT	23. EXPIRATION DATE (Yr. Mo. Day)	
				1983 Jan 02	

b. Terminate. The "terminate" or termination of eligibility is the most critical of the three procedures. It provides the personnel office a means to terminate the eligibility of dependents and DD Form 1173 eligible sponsors. It is important to note that a terminate does not remove a dependent from the data base. Rather, **it** changes the status of the dependent from "eligible" to "ineligible," thus providing DEERS with the capability to record eligibility history for CHAMPUS.

78

(1) A terminate is submitted in the same general manner as the other procedures. A '*T'' shall be written in the left-hand margin next to the dependent's name. In addition, an entry shall be made in Block 60 indicating the name of the dependent, the effective date of the termination, and the reason. The two most important elements of information in a terminate are the new expiration date and the reason code for the date. In a divorce, for example, the new expiration date for the **ex-spouse** is that of the final divorce decree, as that date is usually different from the original card expiration date. Therefore, it is important to submit the new date in Block 60. The reason code that follows will reflect the reason for the new expiration date. In the case of a divorce, the reason code will indicate that the terminate is to be performed as a result of a divorce and that the expiration date reflects the expiration date for the privileges.

(2) The following reason codes shall be used for terminate transactions entered in **Block 60**, as shown in the subsequent example.

- (a) DIV Divorce - Enter the date that the divorce decree became final and, therefore, the date eligibility ended.
- (b) RDV Result of divorce - Enter the date that a dependent's eligibility (other than a spouse) changes as a result of divorce.
- (c) DCM Dependent (child) married - Enter the marriage date of the dependent and, therefore, the date eligibility ended for that dependent.
- (d) DTH Death - Enter the dependent's date of death and, therefore, the date eligibility ended.
- (e) ESS End of student status - Enter the date eligibility ended for a dependent due to the end of a student status.
- (f) ETI End of temporary incapacitation - Enter the date eligibility ended due to end of temporary incapacitation status.
- (g) JTS Joined the service - Enter the day prior to the dependent's entry on active duty and, therefore, the date eligibility ended. (Note this does not include reserve **ACDUTRA/ROTC** summer programs.)
- (h) OTH Other - Use for all other conditions not covered above. Explain in Block 60 and give the date eligibility ended for benefits.

Example: Divorce

T

11. NAME (Last - First - Middle - Initial) - SSN (if applicable)	12. RELATIONSHIP	13. DATE OF BIRTH (Yr. - Mo. - Day)	14. PRIVILEGE AUTH. J	15. CARD NO. ISSUED
Doe, Jane S.	Wife	1980 May 05	C T EU MC MS	
16. ADDRESS (Include ZIP Code)	17. EYES	18. HAIR	19. MC EFFECTIVE DATE (Yr. - Mo. - Day)	20. DATE ISSUED (Yr. - Mo. - Day)
1205 Maple Street Anytown, MA 03790			1974 Mar 03	
	21. HEIGHT	22. WEIGHT	23. EXPIRATION DATE (Yr. - Mo. - Day)	
			1983 Aug 21	

24. REMARKS (List dependents claimed who will not be issued an ID Card. For each dependent provide name, date of birth, -- to sponsor, SSN if applicable, and address if different from sponsor or applicant.)

Jane S. Doe - 1981 Jul 07 - DIV

NOTE : In cases in which a sponsor's eligibility is changed, that change is generated by the Uniformed Services and is automatically carried over to cover any family members.

c. Change. A change shall be submitted in cases in which the existing information on an individual needs to be corrected or updated. In this case, a new DD Form 1172 must be submitted. When submitting a change, write a "C" in the left-hand margin by the name of the dependent whose information is to be changed. When submitting a change, the personnel office shall follow the standard completion instructions outlined in this manual. (As discussed in subsection D.4., above, this section does not apply if a new ID card is issued as a result of the change.)

Example: Adoption of Child Originally Enrolled as "Ward/F"'

C

11. NAME (Last - First - Middle - Initial) - SSN (if applicable)	12. RELATIONSHIP	13. DATE OF BIRTH (Yr. - Mo. - Day)	14. PRIVILEGE AUTH. J	15. CARD NO. ISSUED
Doe, Alice R.	D	1975 Sep 27	CT EU MC MS	N/A
16. ADDRESS (Include ZIP Code)	17. EYES	18. HAIR	19. MC EFFECTIVE DATE (Yr. - Mo. - Day)	20. DATE ISSUED (Yr. - Mo. - Day)
1205 Maple St. Anytown, MA 03790			1981 May 09	
	21. HEIGHT	22. WEIGHT	23. EXPIRATION DATE (Yr. - Mo. - Day)	
			1984 May 08	

E. RETIREE AND SURVIVOR MAILINGS

1. As described in section C of this chapter, the DSO, in coordination with the Uniformed Services, shall mail a packet to retirees entitled to retirement pay and to survivors (except for Navy) receiving annuities who reside in a specified phase. These packets are mailed during the intensified enrollment period for a phase.

D/D

2. The following Uniformed Services shall provide magnetic tapes containing the addresses of all retirees entitled to retirement pay and survivors receiving annuities. The sources of these tapes are described below.

a. The Army labels are provided in tape format from the Army Finance Center in Indianapolis.

b. The Navy retiree labels are provided in tape format from the Navy Finance Center in Cleveland. The Naval Military Personnel Command, through separate mailings, takes care of Navy survivors and other categories of personnel such as widows, 100 percent disabled veterans, and Medal of Honor winners. See subsection E.3., below.

c. The Air Force labels are provided in tape format from the Air Force Finance Center in Denver.

d. The Marine Corps labels are provided in tape format from the Marine Corps Finance Center in Kansas City.

e. The Coast Guard labels are provided by the Information Systems Branch, United States Coast Guard Headquarters. The labels for surviving annuitants shall be created from the DEERS submission tapes.

f. The USPHS and NOAA are responsible for their own mailings.

3. Retirees entitled to retirement pay and survivors (except Navy) receiving annuities are mailed a postcard (page 3-22) on or about the same day that intensified enrollment begins in an area. About 1 week later, a packet explaining how to enroll dependents is mailed to these beneficiaries. (Navy survivors will receive a Navy postcard instead of the DoD postcard and packet. See page 3-27.) The inside cover of this packet contains a letter from the appropriate Uniformed Service and general information about DEERS. Two DD Forms 1172 are included, along with instructions on how to complete the form and a return envelope. Samples of these materials follow:

	<u>Page</u>
Retiree/survivor postcard.	3-22
Outside cover of packet	3-23
DEERS general information sheet (enclosed in all packets for all services)	3-24
Army letter	3-25
Navy letter (retirees)	3-26
Navy postcard (survivors)	3-27
Marine Corps letter	3-28
Air Force letter	3-29
Coast Guard letter	3-30
USPHS letter	3-31
NOAA letter	3-33
Retiree/survivor instructions for filling out the DD Form 1172	3-34
Instructions for obtaining certified copies of registered personal documents	3-41

Mailed by respective
Uniformed Service

711

DIS

RETIREE/SURVIVOR POSTCARD

DEERS Support Office
Office of the Assistant Secretary of Defense
(Health Affairs)
Suite B-2
2100 Garden Road
Monterey, California 93940
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300
If not deliverable to addressee within
5 days please return to sender

POSTAGE AND FEES PAID
DEPARTMENT OF DEFENSE
DOD-302



DEPARTMENT OF DEFENSE

Dear Health Benefit Recipient:

Within the next few weeks the Department of Defense will send you a packet requesting information. It is important that you give it your immediate attention. Your response will help improve your health benefits through better resource management and by helping to reduce fraud.

The packet contains information on the Defense Enrollment Eligibility Reporting System (DEERS). Your participation in DEERS is mandatory for maintaining future eligibility for receiving health benefits. DEERS is a fast new way of checking if a person is eligible for health care at military and Public Health Service hospitals and clinics, as well as those who qualify for care under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

If you do not receive your packet within a month, write to: ,

DEERS Support Office
Suite B-2
2100 Garden Road
Monterey, California 93940

Please include your name, service (or sponsor's service), and mailing address. SECURE THE BENEFITS YOU'VE EARNED!

Office of the Assistant Secretary of Defense
(Health Affairs)



3-22

DEERS Support Office
Office of the Assistant Secretary of Defense
(Health Affairs)
Suite B-2
2100 Garden Road
Monterey, California 93940

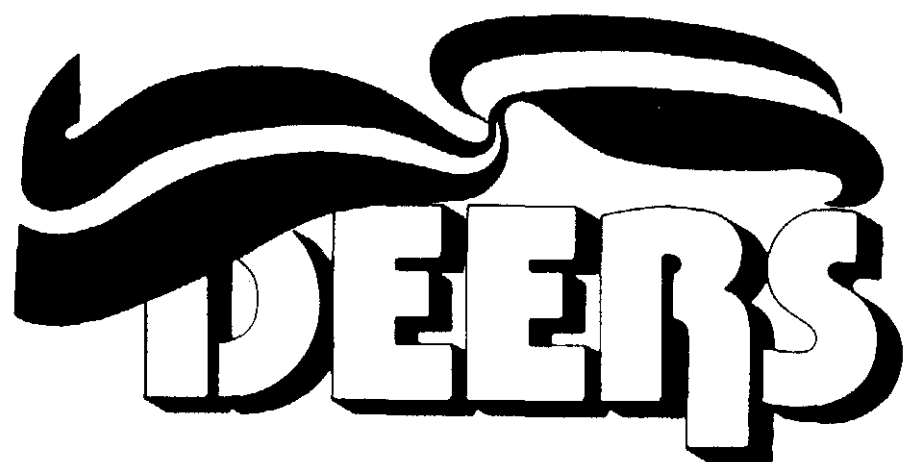
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

If not deliverable to addressee within
5 days please return to sender

ARMY

EACH SERVICE'S PACKET
SHOWS THEIR OWN SERVICE –
ARMY, NAVY, MARINE CORPS,
OR COAST GUARD

POSTAGE AND FEES PAID
DEPARTMENT OF DEFENSE
DOD 302



Defense Enrollment Eligibility Reporting System

3-23

113



Secure the Benefits You've Earned!

What is DEERS?

DEERS is the Defense Enrollment Eligibility Reporting System. It is a new way of verifying who is entitled to health care at military and Public Health Service hospitals and clinics. It will also verify who qualifies for CHAMPUS benefits.

Who does DEERS affect?

Everyone in the military community. Active duty, retired, dependents and eligible surviving dependents of deceased members. Inactive duty reservists and their dependents will be affected by DEERS upon the member's reaching 60 years of age and becoming entitled to retirement pay.

What's in it for me?

Better care! The system will determine how many people in your community qualify for military health care. In turn, planners will be more effective in presenting to Congress the requirements for doctors, nurses, technicians, facilities, supplies, and equipment. In short, your health care system can be better tailored to your needs. Under DEERS, an individual's eligibility for military health care can be quickly verified, making it less likely that ineligible persons receive these benefits. DEERS will help reduce fraud, save tax dollars and improve your health care system.

How does DEERS work?

Once you are enrolled, your name goes into a computer. From then on, whenever you go to a military or Public Health Service hospital or clinic, your eligibility for service can be checked immediately. CHAMPUS will be able to plug into the system, too.

What do I have to do?

If You're.

A Retired Service Member Entitled to Retirement Pay . . .

You are automatically enrolled by your parent service but it is your responsibility to enroll your eligible dependents. Use the enclosed information to do so.

A Surviving Spouse . . .

An Eligible Surviving Dependent Other Than a Spouse . . .

It is your responsibility to enroll yourself and your dependents. Use the enclosed information to do so.



Defense Enrollment Eligibility Reporting System



DEPARTMENT OF THE ARMY
OFFICE OF **THE** ADJUTANT GENERAL
ALEXANDRIA, VA 22331

REPLY TO
ATTENTION OF

DAAG-PS I

Dear "Sponsor:

A new program to verify those eligible for military health care benefits, the Defense Enrollment Eligibility Reporting System (DEERS), is being implemented in your area. On the right, you will find a description of this system and the form you will need to enroll your dependents. As a retiree, you are automatically enrolled in DEERS. However, it is your responsibility to enroll your dependents. If your military sponsor is deceased, then you must enroll yourself and your dependents.

Within 90 days, your local health care facilities will begin checking to insure through the DEERS program that those who receive medical treatment are properly eligible for medical care. Therefore, you are requested to complete the inclosed DD Form 1172 using the instructions provided. This form, along with copies of the necessary documentation that verify dependency, should be returned in the inclosed pre-addressed envelope. Required documentation consists of copies of marriage certificate, birth certificate (for each child), adoption papers, divorce decree, casualty report or death certificate for widows or widowers as appropriate and a copy of your retirement order. These documents will be returned to you after your enrollment form has been verified.

Dependent identification cards will not be issued as a result of your filling out the DD Form 1172. This form is being **used** only to enroll your dependents in DEERS. Please notify the installation that verifies and issues your dependent identification cards whenever there is a change in the status of your dependents either by birth, death, marriage, or divorce. When you do so, your DEERS information will be updated.

If you have any questions concerning your enrollment in DEERS, you may either phone the DEERS Processing Office of the base identified on the inclosed pre-addressed envelope or you may visit the base in person for assistance.

Thank you for your cooperation and assistance.

Sincerely,

WILLIAM P. BOCK
Major, GS
Chief, Installation and
Personnel Support Division



DEPARTMENT OF THE NAVY
NAVAL MILITARY PERSONNEL COMMAND
WASHINGTON, D.C. 20270

IN REPLY REFER TO
N-641E/
Pers-7313-hjt

Dear Navy Retiree:

A new system to verify those eligible for military medical care benefits will soon be implemented in your area. It is called the Defense Enrollment/Eligibility Reporting System (DEERS). On the right you will find a description of the system.

As a retiree, you are automatically enrolled in DEERS. However, it is your responsibility to enroll your dependents. You are requested to complete the enclosed DD Form 1172 using the instructions provided. The form, along with copies of any necessary documentation, should be returned in the enclosed self-addressed envelope. New identification cards will NOT be issued as a result of filling out the DD Form 1172.

You are requested to notify the Commanding Officer, Naval Reserve Personnel Center (Code 41), New Orleans, LA 70149, whenever there is a change in dependent y status due to birth, death or divorce; and whenever there is a change in address.

If you have questions concerning DEERS, contact the Navy Personnel Support Activity Detachment at the nearest Navy installation, or write to the Commanding Officer, Naval Reserve Personnel Center (Code 41), New Orleans, LA 70149, or telephone area code 504-948-1832" or 1834.

Thank you for your cooperation and valuable assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "B. A. Bishop", is written over the typed name.

B. A. BISHOP, LCDR
Head, Retired Personnel Support
Section

E2

NAVY SURVIVOR POSTCARD

DEPARTMENT OF THE NAVY

NAVAL MILITARY PERSONNEL COMMAND

NMPC-410

WASHINGTON, D.C. 20370

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE, \$300

POSTAGE AND FEES PAID
DEPARTMENT OF THE NAVY
DOD 316



DEERS - what is it? The Defense Enrollment Eligibility Reporting System is a new way of verifying who is entitled to military benefits. At this time many of your friends and neighbors maybe receiving DEERS

packets in the mail. Because you are a part of the Navy's Dependents Benefits Support System (DBSS), you will be automatically enrolled in DEERS from information recorded in the DBSS computer.

If any member of your household is eligible for benefits and did not receive a post card like this, or if you have any questions about DEERS, contact the Navy Personnel Support Detachment at the nearest military installation or write to Naval Military Personnel Command, NMPC-641D, Washington, D.C. 20370, or telephone area code 202-694-3355.

Thank you for your cooperation and valuable assistance.

**Secure the Benefits
You've Earned**

D.B. Manning
D. B. MANNING

Head, Benefits Eligibility Section



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
WASHINGTON, D.C. 20380

IN REPLY REFER TO
MSPA-3/rg
1750

Dear Sponsor:

The Department of Defense is implementing a system for the **purpose** of enrolling those dependents who are eligible for benefits based on the sponsor's military service in the Defense Enrollment\Eligibility Reporting System (DEERS).

DEERS is a Department of Defense sponsored project designed to provide a capability for management of benefits as the result of military service; curtail expenses due to fraud and lack of management information; improve the quality of service to the member, and establish the eligibility of beneficiaries who are entitled by law to health care from the Department of Defense Care system. A more complete description of DEERS is located at the right panel hereon.

As a retiree, you are automatically enrolled in DEERS; you must however, enroll your dependents. If you have no dependents, you are still asked to respond. If you are a survivor, you must enroll yourself as well as your dependents. To accomplish enrollment, it will be necessary for you to complete the enclosed DD Form 1172 and return it by using the addressed envelope which has been enclosed for your convenience. Detailed instructions have been included to assist in the completion of the DD Form 11'72. Identification cards will NOT be issued as a result of your completing the DD Form **1172**.

The need for your cooperation and prompt attention to this matter cannot be over emphasized. Enrollment is necessary if you are to avoid delays in receiving medical treatment from military hospitals.

Sincerely,

L. B. MIOSI

Major, U. S. Marine Corps

Head, Family Assistance/Retired and Veterans Affairs Section
Personal Affairs Branch

By direction of the Commandant of the Marine Corps

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON, D.C.



REPLY TO
ATTN OF

MPC
RANDOLPH AFB TEXAS 78148

Dear Air Force Retiree and Beneficiary

In the near future, enrollment into the Defense Enrollment Eligibility Reporting System (DEERS) will commence in your area. A description of DEERS is on the right.

If you are a retiree, you are already enrolled in DEERS ; however, you must enroll your dependents. If you have no dependents, you **are** asked-to respond **indicating** that you have no dependents. If you are a survivor of a deceased service member, you must enroll yourself as well as your dependents.

How to Enroll

1. Complete the enclosed DD Form 1172 using the instructions provided.
2. The DD 1172, along with documents which support dependency should be returned in the enclosed self-addressed envelope.
3. Documents which must be enclosed include **COPIES of marriage certificates, children's birth certificates, divorce/separation decrees, casualty reports or death certificates for widows\widowers, certified COPIES of adoption papers, a COPY of the retired sponsor's retirement orders, a dependency determination from AFAFC, if appropriate, and any other documents which support dependency.**

If you have questions concerning DEERS or desire assistance in completing the form, you may either phone the DEERS Processing Office of the base identified on the enclosed self-addressed envelope or you may visit the base in person for assistance. Be sure to bring the supporting documents with you .

We appreciate your assistance in this matter.

Sincerely

A handwritten signature in cursive script, reading "Kenneth L. Peek, Jr.", is written over a horizontal line.

KENNETH L. PEEK, JR.
Major General, USAF
Asst DCS Mnpwr and
Pers for MilPers



DEPARTMENT OF TRANSPORTATION
UNITED STATES COAST GUARD

MAILING ADDRESS: G-PS-1
U.S. COAST GUARD
WASHINGTON, DC 20593
PHONE 202-426-0276

5512

•Dear Sponsor:

In the very near future, procedures **will** begin in your area for **enrolling** those dependents who are eligible for benefits based on the sponsor's military service in the Department of Defense Enrollment Eligibility Reporting **system (DEERS)** .

DEERS is a Department of Defense sponsored project designed to provide a capability for management of benefits as the result of military service; curtail expenses due to fraud and lack of management information; improve the quality of service to the member, and establish the eligibility of beneficiaries who are entitled by law to health care from the Department of Defense Health Care System. A more complete description of **DEERS** is located on the right panel.

As a retiree, you are automatically enrolled in **DEERS**. You must, however, enroll your dependents. If you are a survivor, you must enroll yourself as well as your dependents. To accomplish enrollment, it will be necessary for you to complete the enclosed DD Form 1172 and return it by using the addressed **envelope** which has been enclosed for your convenience. Detailed instructions have been included to assist in the completion **of** the DD Form 1172. Identification cards **will** not be issued as a result of your completing **the** DD Form 1172.

The need for your cooperation and prompt attention to this matter cannot be overemphasized. If questions arise, please call the Retired Affairs toll-free line (1-800-424-7950).

Sincerely

L. D. HOWELL

Lieutenant Commander, U. S. Coast Guard
Asst. Chief, Retired Military Affairs Branch
By direction of the Commandant



It's a law we
can live with.

MEMORANDUM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

TO : All Active Duty Officers/Retirees and Annuitants of the Public Health Service Commissioned Corps DATE:

FROM : Director
Commissioned Personnel Operations Division, OPM, OM, PHS

SUBJECT: Defense Enrollment Eligibility Reporting System

Recent surveys and reports indicate that many individuals receiving medical care from uniformed services medical facilities (USMF) and the Civilian Health and Medical Program for the Uniformed Services (CHAMPUS) were not eligible for the services received. Often this adversely impacts on those who are eligible for such care.

To correct this situation, the Department of Defense (DOD) has recently announced the establishment of a Defense Enrollment Eligibility Reporting System (DEERS). The Public Health Service (PHS), as a uniformed service, will be a full participant in this system. This includes PHS medical facilities, active duty and retired officers and their dependents, and survivors of deceased officers.

The DEERS is a program which will ensure that only eligible persons receive medical care at USMF and through CHAMPUS. This will be done by enrolling all individuals entitled to such benefits and then verifying each person's eligibility when medical care is requested. Whenever the eligibility of a person requesting such care cannot be immediately verified, medical treatment will be provided. However, if the person is later found to be ineligible, they will be held liable to the Government for the cost of the care. It is anticipated that the system will eventually be used to plan and manage other privileges such as commissary and post exchange services.

Implementation of the sponsor, person upon whom eligibility for DOD benefits is based, data base is scheduled to occur in January 1981. You are requested to participate in this effort by enrolling all of your dependents who are entitled to medical care, commissary, or exchange benefits regardless of their age.

Although it is essential that all sponsors be enrolled prior to January 1, 1981, enrollment of dependents and the processing of DD Form 1172 will continue beyond January 1 to ensure that all dependents are properly enrolled. Dependents identification cards will not be automatically issued as a result of this action. If you have dependents in need of identification cards, you should contact the nearest PHS ID card issuing office.

Page 2 - **All** Active Duty Officers/Retirees and **Annuitants** of the
Public Health Service Commissioned Corps.

The Department of Defense has recently changed the procedures for verifying an individual's entitlements to benefits by requiring that legal **documenta-**
tion be provided. Therefore, copies of your marriage certificate, as well
as birth certificate for each dependent **child**, must accompany the **DD** Form
1172. For dependent parents you must complete and submit forms **PHS-1637-2**,
Dependency Certificate, and **PHS-1637-3**, Parent's Dependency Affidavit. If
you are the surviving spouse of an active duty or retired member you must
also include a copy of the **member's** death certificate and retirement orders,
if applicable. These documents will not be returned to you but will be
incorporated into your official personnel file.

Your cooperation and participation is **esestial** to safeguard your current
privileges. When DEERS is fully implemented, it is expected to reduce
substantially the administrative delays and over-crowding sometimes ex-
perienced at **USMF**. It should also improve the processing and payment of
CHAMPUS claims.

For these reasons, you are urged to assist us in our efforts to enroll
every dependent entitled to benefits by promptly completing and submitting
the enclosed **DD** Form 1172 along with the required documentation. **If** you
have any questions, please call Norman **Chichester** at (301) or FTS 443-4590.

Delbert A. Larson

Enclosures



UNITED STATES DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration
Rockville, Md. 20852

July 28, 1980 NC1:CB

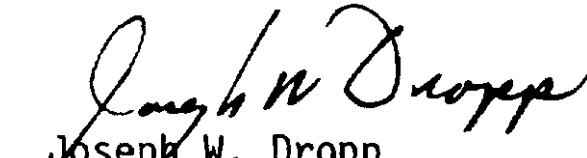
Dear Sponsor:

Commencing 1 August 1980, procedures will **begin** for **enrolling** those dependents who are eligible for benefits in the Department of Defense Enrollment/Eligibility Reporting System (DEERS).

As a retiree, you will be automatically **enrolled** in DEERS by the Commissioned Personnel Division. You must, however, **enroll** your dependents. To accomplish enrollment, it will be necessary for you to complete the enclosed DD Form 1172 and return it by using the addressed envelope which has been enclosed for your convenience. Detailed instructions have been included to assist in the completion of the DD Form 1172. Identification cards will not be issued as a result of your completing the DD Form 1172.

The need for your cooperation and **prompt** attention to this matter cannot be overemphasized. If questions arise, please call the Commissioned Personnel Division, 301-443-8618 (**collect**).

Sincerely yours,


Joseph W. Dropp
Commander, NOAA

Chief, Commissioned Personnel
Division

Enclosure



RETIREE/SURVIVOR INSTRUCTIONS FOR FILLING OUT DD FORM 1172

Complete ALL blocks of **DD Form 1172** as instructed on the following pages. This includes those blocks normally reserved for Issuing and Verifying Officers. If you do not have eligible dependents, please complete Section I and indicate "NO **Dependents**" in Block 11. If the form has essential information missing or cannot be read, it will be returned to you for correction, which will further delay enrollment. Remember to SIGN your name on the back of form in Block 62.

PLEASE TYPE OR USE BALL POINT PEN, NOT PENCIL.

Section I.

Block 1. NAME - PRINT LAST NAME , FIRST NAME, MIDDLE INITIAL
Example: Smith, John W.

Block 2. SSN (SOCIAL SECURITY NUMBER) -
Enter the 9-digit number with the dashes.
Example: 999-99-9999
If the sponsor never had an SSN and the records are filed by Service number, enter the Service number.
Example: **SVC** #99999999

Block 3. GRADE - Enter abbreviation for your current paygrade or rank.
Example: E-5, O-4 or SP5, M/ SGT, 1Lt.

Block 4. Self-explanatory (including area code)

Block 5. Self-explanatory (including area code)

Block 6. ADDRESS - Enter the address where you are currently residing (including ZIP code).

Block 7. BRANCH OF SVC - Show parent Uniformed Service as follows:

Army - USA
Navy - USN
Marine Corps - USMC
Air Force - USAF
Coast Guard - USCG
National Guard - spell out
Air National Guard - spell out
Public Health Service - PHS
National Oceanic and Atmospheric Administration - NOAA

Block 8. STATUS - Check the appropriate box. If "**other**" is checked, indicate present status of sponsor in Block 60 on the reverse side of the DD Form 1172. Present status of sponsor may be Indicated by code as follows :

TDRL - Temporary Disability Retirement List
FRMMR - Former Member (Navy/Marine Corps category only)
FRMMR/DEC - Former Member deceased (Navy/Marine Corps category only)
MH Medal of Honor recipient
MH/DEC - Medal of Honor recipient deceased
DAV/DEC - 100 percent disabled veteran deceased
 CIV Civilian
FP Foreign personnel
 FM Foreign military
 Reserve - Spell out
 Lighthouse Service - Spell out
 American Red Cross - Spell out

Example: In Block 60 for remarks, type/print comment such as "**Block 8 Status - TDRL.**"

Block 9. DATE OF EXPIRATION OF SERVICE OR CONTRACT - For retiree, show date of retirement or date of death of sponsor. Enter in the following order:
 YEAR , MONTH, DAY
 Example: **1980-AUG-06**

Block 10. REASON FOR APPLICATION - Leave blank.

Section II.

NOTE : The sponsor or applicant must list each dependent claimed for benefits.

Block 11. NAME - Enter dependent's name (last name, first name, middle initial) and SSN, if available.
 Example: Doe, John P. 999-99-9999

Block 12. RELATIONSHIP - Enter one of the following codes as appropriate:

Self/M	Self/male
Self/F	Self/female
H	Husband
W	Wife
UMW	Unmarried widow ¹
UMWR	Unmarried widower ¹
URW	Unremarried widow²
URWR	Unremarried widower²
D	Daughter
s	Son
SD	Stepdaughter
Ss	Stepson
WARD/M	Ward/male
WARD/F	Ward/female
M	Mother (includes adoptive parent)
ML	Mother-in-law (includes adoptive parent)
F	Father (includes adoptive parent)
FL	Father-in-law (includes adoptive parent)
SM	Stepmother
SF	Stepfather

1 **Unmarried widow/widower** - A spouse who has married after the death of the sponsor and has had that marriage terminated by death, decree of divorce, or decree of annulment.

2 **Unremarried widow/widower** - A spouse who has never remarried or never legally remarried as in the case of an "AB **INITIO**" annulment. Spouses **in** this category would not lose their benefits. The definitions of unmarried widow/widower and **unremarried** widow/widower are also given on the **DD** Form 1172.

NOTE : **If** a dependent child **is** over the age of 21 and his or her entitlement continues due to temporary or permanent incapacity, or due **to** school enrollment, indicate this in the relationship block using these codes:

INCP - Incapacitated permanently

INCT - Incapacitated temporarily

S CH - Attending school (enter SCH, the name of the institution, and the expected date of graduation in Block 60.)

Block 13. DATE OF BIRTH - Enter **in** following order:

YEAR, MONTH, DAY
1967 AUG 06

Block 14. PRIVILEGES AUTHORIZED - See attached "**ID** CARD SAMPLE." Use the following codes as appropriate. Please disregard the comment ● "For Use of Verifying **Officer**" and complete all blocks in this column.

C - Commissary

T - Theater

EU - Exchange Unlimited

EL - Exchange Limited

MS - Medical Care (Uniformed Services)

MC - Medical Care (civilian source)

Block 15. CARD NO. ISSUED - See attached "ID CARD **SAMPLE.**" Please disregard the comment "*For Use of Issuing **Officer**," and complete all blocks in this column.

Block 16. ADDRESS - Enter the address where your dependent currently **is** residing (including ZIP code).

Block 17. EYES - Leave blank

Block 18. HAIR - Leave blank

Block 19. MC EFFECTIVE DATE - See attached "ID CARD **SAMPLE**"

Block 20. DATE ISSUED - See attached "ID CARD **SAMPLE**"

Block 21. HEIGHT - Leave blank

END

Block 22. WEIGHT - Leave blank

Block 23. EXPIRATION DATE - See attached "ID CARD SAMPLE"

Block 24. through 36.

Enter information for second dependent in the same way as for first dependent listed in items 11 through 23.

Block 37. through 49.

Enter information for third dependent in the same way as for first and second dependents.

NOTE : If you have more than three dependents, complete additional DD Forms **1172** or use a plain sheet of paper and attach it to the form. The same information is needed as in Blocks 11 through 23. Be sure to print or type sponsor's name and SSN on the additional page(s), and sign this page as well as DD Form 1172.

Section III.

Block 50. through 52. Leave blank

Section IV.

Block 53. through 57b. Leave blank

Section V.

Block 58. Check appropriate block, if applicable.

NOTE : Since there is no box for a single (never married) sponsor, write "NEVER MARRIED" in this entry. If applicable, complete the rest of Block 58.

Block 58a. Enter the place and date of marriage, **if** applicable.

Block 58b. through 58h. Check appropriate block.

Block 59. Leave blank

Block 60. REMARKS - This block is not to be used to list dependents. Dependents under the age of 10 **should be** listed on the front of the form to ensure that **all** of the necessary information is provided. **If** there is a need to explain a special dependent status from the front of the form, the information must be clearly **labelled** to show which block is continued or explained.

Section VI.

Block 61. DATE - Print or type date

Block 62. SIGNATURE OF SERVICE SPONSOR OR APPLICANT - DO NOT FORGET YOUR SIGNATURE ! ! !

Your dependent's enrollment form **is** now complete. It should be mailed in the enclosed envelope along with documents indicated in the following section. (Instructions mailed to retirees and survivors will have the "Additional Instructions" section for either the **"Navy, Marine Corps, and Coast Guard"** or the "Army and Air Force, " as appropriate.)

ADDITIONAL INSTRUCTIONS FOR NAVY , MARINE CORPS, AND COAST GUARD SPONSORS

In order to verify your dependent's DEERS enrollment form, it is necessary to review the dependent's information currently reflected **in** your official records. If the information provided on the DD Form 1172 **you** have just completed matches that information currently in your record, no additional documents or paperwork is required. However, if you have added or changed a dependent since you last updated your record, then clear, legible copies of such legal documents as a marriage certificate, divorce decree, birth certificates (additional children), and adoption decree, as applicable, should be forwarded with your completed DD Form 1172. **If** you are not sure whether your record currently reflects your dependents, copies of those legal documents listed above should be included.

Furthermore, if the Information contained **in your** service record does not verify the dependents you have submitted for enrollment in DEERS, the necessary legal documents **will** be requested by separate correspondence.

Listed below are the legal documents required to verify dependency:

1. Retirement orders (or DD Form 214, Certificate of Release or Discharge from Active Duty)
2. Marriage certificate
3. Birth certificates of children
4. Death certificate of deceased sponsor
5. Certified copy of court order for adoption
6. Final divorce order/decreed
7. Copy of court order establishing paternity (illegitimate children)
8. Statement from licensed physician or medical officer indicating physical handicap and period of incapacity (dependent children over 21 years old who are incapacitated); **if** USN or USMC dependent, then parent Service letter of authorization is required.

9. Certificate of ineligibility for social security from the Social Security Administration (dependents over 65 years old who are ineligible for social security).
10. **DD Form** 1300, Report of Casualty - required for widows and surviving children.
11. Certificate of enrollment from school registrar for dependent children over 21.

ADDITIONAL INSTRUCTIONS FOR ARMY AND AIR FORCE SPONSORS

The documents listed below must be **visually** reviewed to verify dependency. Copies of appropriate documents should be forwarded with your completed **DD Form 1172**.

1. Retirement orders (or **DD Form** 214, Certificate of Release or Discharge from Active Duty)
2. Marriage certificate
3. Birth certificates of children
4. Death certificate of deceased sponsor
5. Certified copy of court order for adoption
6. Final divorce **order/decre**e
7. Copy of court order establishing paternity (illegitimate children)
8. Statement from licensed physician or medical officer indicating physical handicap and period of incapacity (dependent children over 21 years old who are incapacitated); if USN or USMC dependent, then parent Service letter of authorization **is** required.
9. Certificate of ineligibility for social security from the Social Security Administration (dependents over 65 years old who are ineligible for **social** security).
10. **DD Form** 1300, Report of Casualty - required for widows and surviving children.
11. Certificate of enrollment from school registrar for dependent children over 21.

I.D. CARD SAMPLE

PHOTO	1. CARD NUMBER				Enter in block 15. CARD NO. ISSUED		
	2. ISSUE DATE		3. EXPIRATION OATE		Enter in block 20. DATE ISSUED		
	4. ISSUED TO				Enter in block 23. EXPIRATION DATE		
	COLOR E. EYES		COLOR 6. HAIR		7. HEIGHT		8. WEIGHT
DATE OF BIRTH 9. OF BEARER		GRADE & NAME 10. OF SPONSOR					
SERVICE & STATUS 11. OF SPONSOR		SERVICE # 12. OF SPONSOR		Authorized Patronage Theater Exchange Limited Commissary Commissary Unlimited		Enter in block 14. PRIVILEGE AUTH	

If 'YES' include 'MS' in block 14.

If 'YES' include 'MC' in block 14.

NON TRANSFERABLE - VOID IF ALTERED	15. MEDICAL CARE FACILITIES AUTHORIZED		PROPERTY OF UNITED STATES GOVERNMENT	
	a. UNIFORMED SERVICES	b. CIVILIAN (If yes, give effective date)		Enter in block 19. MC EFFECTIVE DATE
	16. PLACE OF ISSUE			
	17. Issuing Officer	SIGNATURE TYPED NAME AND GRADE		
	WARNING: USE OF THIS AUTHORIZATION BY OTHER THAN PERSON NAMED THEREON, OR ANY USE IN VIOLATION OF PROVISIONS OF DEPENDENTS' MEDICAL CARE ACT OF 1956, RENDERS USER LIABLE FOR PROSECUTION UNDER APPLICABLE FEDERAL LAWS PERTAINING TO FALSE STATEMENTS. (18 USC 1001)			IF FOUND, DROP IN ANY MAIL BOX POSTMASTER, RETURN TO DEPARTMENT OF DEFENSE WASHINGTON, D.C. 20301
DD FORM 1173 1 Mar 61		UNIFORMED SERVICES IDENTIFICATION & PRIVILEGES CARD		

DD FORM 1172

SECTION II - EU=NS FOR WHOM IDENTIFICATION CARDS ARE REQUESTED (INCLUDE YOURSELF WHEN APPLICABLE, (List dependents claimed who will not be issued ID Cards in Section V, Item 60))			FOR USE OF VERIFYING OFFICER	FOR USE OF ISSUING OFFICER
1. NAME (Last First Middle Initial) SSN (If <input type="checkbox"/> Ppt w abcl)	12. RELATIONSHIP	13. DATE OF BIRTH (Yr., Mo., Day)	14. PRIVILEGE AUTH <input type="checkbox"/>	15. CARD NO. ISSUED
5. ADDRESS (Include ZIP Code)	17. EYES	18. HAIR	19. MC EFFECTIVE DATE (Yr., Mo., Day)	20. DATE ISSUED (Yr., Mo., Day)
	21. HEIGHT	22. WEIGHT	23. EXPIRATION DATE (Yr., Mo., Day)	
6. NAME (Last First Middle Initial) SSN (If applicable)	25. RELATIONSHIP	26. DATE OF BIRTH (Yr., Mo., Day)	27. PRIVILEGE AUTH <input type="checkbox"/>	28. CARD NO. ISSUED
8. ADDRESS (Include ZIP Code)	30. EYES	31. HAIR	32. MC EFFECTIVE DATE (Yr., Mo., Day)	33. DATE ISSUED (Yr., Mo., Day)
	34. HEIGHT	35. WEIGHT	36. EXPIRATION DATE (Yr., Mo., Day)	
7. NAME (Last First Middle Initial) SSN (If applicable)	38. RELATIONSHIP	39. DATE OF BIRTH (Yr., Mo., Day)	40. PRIVILEGE AUTH <input type="checkbox"/>	41. CARD NO. ISSUED
2. COORESE (Include ZIP Code)	43. EYES	44. H*, R	45. MC EFFECTIVE DATE (Yr., Mo., Day)	46. DATE ISSUED (Yr., Mo., Day)
	47. HEIGHT	48. WEIGHT	49. EXPIRATION DATE (Yr., Mo., Day)	
<input type="checkbox"/> Abbreviated Privileges, i.e.: C—Commissary; Exchange, EL—Limited, EU—Unlimited, T—Theater, MC—Medical Care in Civilian Facilities, MS—Medical Care in Uniformed Services Facilities.				

INSTRUCTIONS FOR OBTAINING CERTIFIED COPIES OF REGISTERED PERSONAL DOCUMENTS

If you do not have appropriate documentation proving the relationship of your dependent or dependents, certified copies of registered personal documents (such as certificates of birth, adoption, marriage, divorce, and death) can be obtained by writing to the state where the event was registered (or State Department for children born overseas to U.S. citizens). An example of an application for a certified copy of a birth certificate follows the list of addresses.

Note: States usually charge a fee for this service. The list of addresses included in the retiree/survivor mail-out packet will show the latest available prices.

WRITE TO: Bureau of Vital Statistics
State Department of Health

AT THE ADDRESS SHOWN BELOW:

<u>State</u>	<u>Address</u>	<u>ZIP Code</u>
Alabama	Montgomery	36130
Alaska	Dept. of Health and Welfare Pouch H-02G, Juneau	99811
American Samoa	Registrar of Vital Statistics, Pago, Pago	96799
Arizona	P.O. Box 3887, Phoenix,	85030
Arkansas	4815 West Markham St., Little Rock	72201
California	410 N. St., Sacramento	95814
Canal Zone	Panama Canal Commission, APO Miami	34011
Colorado	4210 East 11th Ave., Denver	80220
Connecticut	79 Elm St., Hartford	06115
Delaware	State Health Bldg.	19901
D.C., Wash	615 Pennsylvania Ave, N.W.	20004
Florida	P.O. Box 210, Jacksonville	32231
Georgia	47 Trinity Ave., S.W., Atlanta	30334
Guam	Dept. of Public Health and Social Service, P.O. Box 2816, Agana	96910
Hawaii	P.O. Box 3378, Honolulu	96801
Idaho	Statehouse, Boise	83720
Illinois	535 W. Jefferson St., Springfield	62761
Indiana	1330 West Michigan St., Indianapolis	46206
Iowa	Des Moines	50319
Kansas	6200 S. Topeka Ave., Topeka	66620
Kentucky	275 East Main St., Frankfort	40601
Louisiana	P.O. Box 60630, New Orleans	70160
Maine	State House, Augusta	04333
Maryland	P.O. Box 13146, Baltimore	21203
Massachusetts	Rm. 103 Ashburton Place, Boston	02108
Michigan	3500 North Logan St., Lansing	48914
Minnesota	717 Delaware St., S.E., Minneapolis	55440
Mississippi	P.O. Box 1700, Jackson	39205
Missouri	Jefferson City	65101
Montana	Helena	59601

Please type or print clearly

Name at Birth			Birth Order of Child	
First	Middle	Last	1st, 2nd, etc.	
Date of Birth			Race	Sex
Month	Day	Year		
Place of Birth			City	State
Parents				
Father's Name			Mother's Maiden Name	
Number of copies wanted		Certificate Number, if known		
Purpose for which needed?		Relationship to child?		
Signature				
Address				
Number	Street	city	State	ZIP

AUTOMATIC ENROLLMENT PROCEDURES

	<u>ACTIVE DUTY</u>	<u>RETIRED</u>	<u>DEPENDENTS OF RETIRED AND OTHER BENEFICIARIES</u>
ARMY	Data elements extracted from military personnel automated files	Data elements extracted from finance automated files	Not automatic
NAVY	Same as above	Same as above	Not automatic
MARINE CORPS	Same as above	Same as above	Not automatic
AIR FORCE	Same as above	Same as above	Not automatic
COAST GUARD	Data elements extracted from Coast Guard computer systems	Data elements extracted from Coast Guard finance com- puter systems	
PUBLIC HEALTH SERVICE	Data elements extracted from personnel files and sent via tape by Com- missioned Officers Systems Branch	Same as active duty	Not automatic
NOAA	Data elements submitted by agency	Same as active duty	Same as active duty

Figure 3-1

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MANUAL ENROLLMENT PROCEDURES

	<u>DEPENDENTS OF ACTIVE DUTY</u>	<u>DEPENDENTS OF RETIRED</u>	<u>OTHER BENEFICIARIES</u>
ARMY	Preparation/ verification of DD Form 1172 at MILPO servicing sponsor	DD Form 1172 submitted by sponsor to supporting installation	DD Form 1172 submitted by sponsor/ applicant to supporting installation
NAVY	Preparation/ verification of DD Form 1172 at PSD (Ashore)/ PERS OFF (afloat) servicing sponsor	DD Form 1172 submitted by sponsor to NAVRESPERSCEN, New Orleans	DD Form 1172 submitted by sponsor/ applicant to NAVMILPERSCEN
MARINE CORPS	Preparation/ verification of DD Form 1172 at PER OFF servicing sponsor	DD Form 1172 submitted by sponsor to HQ Marine Corps (MSPA-3)	DD Form 1172 submitted by sponsor/ applicant to HQ Marine Corps (MSPA-3)
AIR FORCE	Preparation/ verification of DD Form 1172 at supporting CBPO	DD Form 1172 submitted by sponsor to supporting CBPO	DD Form 1172 submitted by sponsor/ applicant to supporting CBPO
COAST GUARD	Preparation/ verification of DD Form 1172 sponsor and personnel re- porting units	DD Form 1172 submitted by sponsor to Retired Affairs Branch, Coast Guard HQ	DD Form 1172 submitted by sponsor/ applicant to Retired Affairs Branch, Coast Guard HQ
PUBLIC HEALTH SERVICE	Preparation/ verification of DD Form 1172 by sponsor and. Comm Pers Ops Div at PHS HQ	DD Form 1172 submitted by sponsor to Comm Pers Ops Div at PHS HQ	DD Form 1172 submitted by sponsor/ applicant to Comm Pers Ops Div at PHS HQ

Figure 3-2

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DEERS BENEFICIARY REFERRAL FORM			
1. FROM:		2. TO:	
a. NAME OF ORGANIZATION		DEERS Support Office 2100 Garden Road, Suite B-2 Monterey, California 93940	
b. ORIGINATING OFFICE/CODE			
c. MAILING ADDRESS (Include Street Address, City, State, ZIP Code)			
		3. DATE (YYMMDD)	
4. SUBJECT: Request for DEERS Enrollment Information The following individual has requested information about DEERS enrollment. Please forward an appropriate DEERS enrollment packet.			
5. SPONSOR'S NAME: LAST FIRST MIDDLE INITIAL			
6. SPONSOR'S SSN/SVC NO:		7. SPONSOR'S ELIGIBILITY STATUS:	
8. SPONSOR'S UNIFORMED SERVICE: <div><div><input type="checkbox"/> Army</div><div><input type="checkbox"/> Marine Corps</div><div><input type="checkbox"/> Coast Guard</div><div><input type="checkbox"/> NOAA</div><div><input type="checkbox"/> Navy</div><div><input type="checkbox"/> Air Force</div><div><input type="checkbox"/> Public Health Service</div><div><input type="checkbox"/> Other (Specify Service)</div></div>			
9. SPONSOR'S RETIREMENT DATE (YYMMDD)		10. SPONSOR'S DATE OF DEATH (YYMMDD)	
11. SPONSOR'S MAILING ADDRESS: (Include Street Address, City, State, ZIP Code)			
12. DEPENDENT'S NAME: LAST FIRST MIDDLE INITIAL			
13. DEPENDENT'S RELATIONSHIP TO SPONSOR:		14. DEPENDENT'S SSN:	
15. DEPENDENT'S MAILING ADDRESS: (Include Street Address, City, State, ZIP Code)			
<div>INSTRUCTIONS</div> <p>This form shall be prepared by the personnel office in accordance with the following instructions and those contained in the DEERS Program Manual, OOD 13411-M, or in Service guidelines.</p> <p>BLOCK 1: a. Give complete name of submitting activity. Abbreviate as necessary. Example: Abbreviate Fighter Squadron Three Zero One as FITRON 301. b. Give internal routing indicator, office code, Base PO Box, as appropriate. Example: ATTN: AFZT-AG-P. c. Give complete street address or base name and city, state, and ZIP code. Example 2100 L Street, Naval Air Station, Jacksonville, FL 32212. Spell out the city for CONUS addresses.</p> <p>BLOCK 2: Self-explanatory. BLOCK 3: Enter 6-digit date. Example: March 15, 1981 is 1310315. BLOCKS 4, 5, and 6: Self-explanatory. BLOCK 7: Enter either Active Duty, Retired, Deceased, or Other. If Other is entered, please explain. BLOCK 8: Self-explanatory. BLOCK 9: If sponsor is retired, enter 6-digit Retirement Date. Example September 30, 1972 is 720930. BLOCK 10: If sponsor is deceased, enter 6-digit Date of Death. Example December 14, 1963 is 631214. BLOCKS 11 and 12: Self-explanatory. BLOCK 13: Enter appropriate relationship, like spouse, child, ward, parent, etc. BLOCKS 14 and 15: Self-explanatory.</p>			

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DEERS ENROLLMENT

APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION AND PRIVILEGE CARD				
DATA REQUIRED BY THE PRIVACY ACT OF 1974				
AUTHORITY: 10 U.B.C. 133 Executive Order 9397, 22 November 1943 (Social Security Number).				
PRINCIPAL PURPOSE: Is used by applicant to apply for a DD Form 1173, "Uniformed Services Identification and Privilege Card. "				
ROUTINE USE(S): Is used by appropriate authority to evaluate an applicant's eligibility to be issued a DD Form 1173, "Uniformed Services Identification and Privilege Card." The DOD Enrollment/Eligibility System will be a routine user of information provided on this application.				
DISCLOSURE: Mandatory for Active Duty military personnel. Failure to complete the form may result in disciplinary or administrative action. Voluntary for all other persons. However, failure to furnish all information, including SSN, could delay or prevent the issuance of an ID Card to persons otherwise eligible.				
SECTION I - IDENTIFICATION OF PERSON UPON WHOM ELIGIBILITY FOR DD FORM 1173 IS BASED				
1. NAME (Last First Middle Initial)	2. SSN	3. GRADE	4. HOME PHONE	5. OFFICE PHONE
6. ADDRESS (Include ZIP Code)	7. BRANCH OF SVC	8. STATUS <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RETIRED <input type="checkbox"/> 100% DAV <input type="checkbox"/> DECEASED AD <input type="checkbox"/> DECEASED RETIRED <input type="checkbox"/> IOTHEFI (Specify, Item 60)		
	9. DATE OF EXPIRATION OF SERVICE OR CONTRACT (or death)		10. REASON FOR APPLICATION <input type="checkbox"/> ORIGINAL CARD(S) OTHER (Specify, Item 59)	
SECTION II - PERSONS FOR WHOM IDENTIFICATION CARDS ARE REQUESTED (INCLUDE YOURSELF WHEN APPLICABLE) (List dependents claimed who will not be issued ID Cards in Section V, Item 60.)		FOR USE OF VERIFYING OFFICER		FOR USE OF ISSUING OFFICER
11. NAME (Last First Middle Initial) SSN (If applicable)	12. RELATIONSHIP	13. DATE OF BIRTH (Yr., Mo., Day)	14. PRIVILEGE AUTH <input checked="" type="checkbox"/>	15. CARD No. ISSUED
16. ADDRESS (Include ZIP Code)	17. EYES	18. HAIR	19. MC EFFECTIVE DATE (Yr., Mo., Day)	20. DATE ISSUED (Yr., Mo., Day)
	21. HEIGHT	22. WEIGHT	23. EXPIRATION DATE (Yr., Mo., Day)	
24. NAME (Last First Middle Initial) SSN (If applicable)	25. RELATIONSHIP	26. DATE OF BIRTH (Yr., Mo., Day)	27. PRIVILEGE AUTH <input checked="" type="checkbox"/>	28. CARD NO. ISSUED
29. ADDRESS (Include ZIP Code)	30. EYES	31. HAIR	32. MC EFFECTIVE DATE (Yr. Mo., Day)	33. DATE ISSUED (Yr. Mo., Day)
	34. HEIGHT	35. WEIGHT	36. EXPIRATION DATE (Yr., Mo., Day)	
37. NAME (Last First Middle Initial) SSN (If applicable)	38. RELATIONSHIP	39. DATE OF BIRTH (Yr., Mo., Day)	40. PRIVILEGE AUTH <input checked="" type="checkbox"/>	41. CARD NO. ISSUED
42. ADDRESS (Include ZIP Code)	43. EYES	44. HAIR	45. MC EFFECTIVE DATE (Yr., Mo., Day)	46. DATE ISSUED (Yr., Mo., Day)
	47. HEIGHT	48. WEIGHT	49. EXPIRATION DATE (Yr., Mo., Day)	
<input checked="" type="checkbox"/> Abbreviated Privileges, i.e.: C—Commissary; Exchange, EL—Limited, EU—Unlimited; T—Theater; MC—Medical Care in Civilian Facilities; MS—Medical Care in Uniformed Services Facilities.				
SECTION III - VERIFICATION BY PERSONNEL OFFICER OR OTHER RESPONSIBLE OFFICIAL OF SPONSOR'S SERVICE				
The status of the persons named in Section II has been verified, issue of DD Form 1173 by any U.S. Uniformed Service Activity is authorized, benefits and privileges which entitled, effective and expiration date of eligibility for each named person are verified, issuing agency is requested to (A) issue DD Form 1173 upon presentation of this application, (B) enter in the appropriate column of section II the card number issued with the date breed, (C) if dependents are claimed who will not be issued ID Cards in section V, Item 60, send a copy of this application to DOD Enrollment/Eligibility Processing Center, OSD/HA, Rm. 3E1 73, Pentagon, Washington, D.C. 20301, (D) complete section IV of this application form and return it to the organization designated in item 50.				
ORGANIZATION AND MAILING ADDRESS OF VERIFYING OFFICER		51. TYPED NAME, GRADE, AND TITLE	52. SIGNATURE	
SECTION IV - AUTHENTICATION BY ISSUING AGENCY				
ISSUING OFFICE — Ensure Items 61 and 62 are completed and signed, A notation of the receipt and destruction or complete accounting of the previously issued card must be made in Item 59. Upon issue, forward one copy to the activity holding the service record of the sponsor or to the verifying activity.				
ORGANIZATION OF ISSUING OFFICER (Include UIC)		55. TYPED NAME, GRADE, AND TITLE	56. SIGNATURE	
<input type="checkbox"/> RECEIPT OF CARD(S) IS ACKNOWLEDGED	a. DATE ACKNOWLEDGED	b. SIGNATURE OF CARD RECIPIENT		

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DEERS ENROLLMENT

SECTION V - STATEMENT OF UNIFORMED SERVICES OR CIVILIAN SPONSOR; OTHERWISE THE APPLICANT

9. STATE MARITAL STATUS (Check appropriate box(es) and complete entries as applicable.)

1

MARRIED

1

SEPARATED

1

DIVORCED/
ANNULLED

D

ANNULLED
AB INITIO

UNMARRIED
(surviving) SPOUSE

UNREARRIED
(surviving) SPOUSE

DEFINITION

UNMARRIED (surviving) SPOUSE – A spouse who has married subsequent to the death of the sponsor and has had that marriage terminated by death, decree of divorce or decree of annulment,

UNREARRIED(surviving) SPOUSE – A spouse who has never remarried or never legally remarried as in the case of an “ AB INITIO” annulment. Spouses in this category would not lose their benefits.

1

Lawful marriage to the spouse named took place at _____ on _____

(Place)(Date: Yr. Mo., Day)

1

I am the unmarried (surviving) spouse of the sponsor named in section 1, whose subsequent marriage terminated in divorce, annulment or death. I understand that I may not be entitled to medical care as administered by the Department of Defense. In the event of annulment, a special finding authorizing medical care must be made by the Parent service of the sponsor.

1

Child(ren) listed in section II is (are) unmarried and legitimate child(ren), illegitimate child(ren) of a male sponsor whose paternity has been judicially determined illegitimate child(ren) of record of a female sponsor who has been judicially directed to support the children), adopted child(ren), or stepchild(ren), who is (are) legitimate child(ren) of the spouse of the active duty, retired, or deceased member listed in Section I; and (1) the child(ren) named is (are) less than 21 years of age; or (2) 21 years of age and over and (a) is incapable of self-support because of a mental or physical incapacity that existed prior to his or her reaching the age of 21, the incapacity has been continuous and the child(ren) is (are), in fact, dependent upon the sponsor for over fifty (50) percent. m of his or her support (or who was so dependent on sponsor at the time of death); or (b) has not passed his or her twenty-third birthday, is pursuing a fulltime course of education in an institution of higher learning approved by the Secretary of Defense or the Secretary of Health, Education and Welfare (as appropriate) or by a state agency under Title 38, U. S. C., Chapter 34, Veteran's Educational Assistance, and Chapter 35, War Orphans' and Widows' Educational Assistance, of Title 38 U. S. C., is carrying a course load of a minimum of twelve (12) semester credit hours or equivalent hours and is (or was at the time of the member's death) dependent upon the member for over fifty (50) percentum of his or her support.

1

Child(ren) listed in Section D is (are) unmarried and illegitimate child(ren) of a male sponsor whose paternity has not been judicially determined, illegitimate child(ren) of record of a female sponsor or illegitimate child(ren) of the spouse of a sponsor (i. e., the sponsor's stepchildren), or stepchild of a deceased member or retiree at time of death) who resides with or in a home provided by the sponsor, or which was being provided by the deceased member or retiree at the time of death, and who is and continues to be dependent upon the sponsor for over fifty (50) percentum of his or her support or who was dependent upon the deceased member or retiree at the time of death; that the child(ren) named is (are) less than 21 years of age or is (are) 21 years of age and over and is (1) incapable of self-support because of a mental or physical incapacity that existed prior to his or her reaching the age of 21, and the incapacity has been continuous and who continues to be dependent upon th sponsor or (2) has not passed his or her twenty-third birthday, is pursuing a full-time course of education in an institution of higher learning approved by the Secretary of Defense or the Secretary of Health, Education and Welfare (as appropriate) or by . state agency under Title 38, U. S. C., Chapter 34, Veteran's Educational Assistance, and Chapter 35, War Orphans' and Widows' Educational Assistance, of Title 38, U, S, C., is carrying a course load of a minimum of twelve (12) semester hours or equivalent hours and is (or was at the time of the member's death) dependent upon the member for over fifty (50) percentum of his or her support.

NOTE: section II– In those special circumstances which permit children over 21 entitlement to medical care, indicate after date of birth, (INCT) for a temporarily incapacitated child, (INCP) for a permanently incapacitated child or (SCH) for attendance at approved school. Enter under Item 60. REMARKS, the name of the institution of higher learning and expected date of graduation.

1

I am the parent, adoptive parent, parent-in-taw, or adoptive parent-in-law of the sponsor named in Section I and at the time of his or her death. I, and all other parents, adoptive parents, parents.inlaw, or adoptive parents.in-law named herein resided in the household of (or. for medical care purposes, in a dwelling place provided or maintained by) said sponsor, and were in fact dependent upon him or her for over one-half of our support. f understand that I am not entitled to CHAMPUS .

1

I am the legal guardian of the dependent or dependents of the sponsor named in Section I, and further certify that the named dependents meet the criteria for eligibility as indicated by blocks checked above.

1

All parents, adoptive parent% parents-in-law, or adoptive parents-in-law named are in fact dependent upon me for over one-half of their support and actually reside in my household or in a dwelling provided or maintained by me and, therefore, are eligible for benefits such as commissary stores, exchange and medical care. I understand my parents, adoptive parents, parents-in-law, or adoptive parents. in-law are not entitled to CHAMPUS .

1

I am entitled to retired, retirement, or retainer pay or equivalent pay as a result of service in a uniformed service.

10. DISPOSITION OF PREVIOUSLY ISSUED CARDS

1

CARD NO. _____ RETURNED AND DESTROYED

1

PREVIOUSLY ISSUED CARD LOST (Cite circumstances in Item 60, REMAR KS.)

PREVIOUSLY ISSUED CARD STOLEN (Cite circumstances in Item 60, REMAR KS.)

11. REMARKS (List dependents claimed who will not be issued an ID Card. For each dependent provide name, date of birth, relationship to sponsor, SSN if applicable, and address if different from sponsor or applicant.)

SECTION VI - CONDITIONS APPLICABLE TO SPONSOR

understand that the actions of the recipient(s) of DD Form 1173, Uniformed Services Identification and Privilege Card, issued as a result of this application are my responsibility insofar as proper use of the card for the benefits and privileges, i.e., medical care, exchange, commissary and theater, authorized. I will cause the recipient to surrender the card immediately upon call to do so or when appropriate under applicable regulations and will notify an agency designated to grant authorizations for privileges and facilities in event of any change in status affecting a recipient's eligibility therefor.

am aware that medical care furnished in uniformed services facilities is subject to availability of space, facilities and the capabilities of the medical staff to provide such care. Determinations made by the medical officer or contract surgeon, or his designee, as to availability of spat., facilities and the capabilities of the medical staff shall be conclusive. Reimbursement shall be required for any unauthorized medical care furnished at Government expense. PENALTY FOR PRESENTING FALSE CLAIMS OR MAKING FALSE STATEMENTS IN CONNECTION WITH CLAIMS, FINE OF NOT MORE THAN \$1 0,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH. (Act 25, June 1948, 18 U.S.C. 287, 1001.)

1. DATE OF APPLICATION

62. SIGNATURE OF SERVICE SPONSOR OR APPLICANT

REVERSE OF DD FORM 1172

Figure 3-4 (Continued)

3-48

END

DEERS BATCH TRANSMITTAL FORM																							
1. FROM:	2. TO:																						
a. NAME OF ORGANIZATION	DEERS Enrollment Processing Center Post Office Box 1328 Santa Barbara, CA 93101																						
b. ORIGINATING OFFICE/CODE																							
c. MAILING ADDRESS (Include Street Address, City, State, ZIP Code)																							
3. NUMBER OF DOCUMENTS ENCLOSED:																							
4. TRANSMITTAL NUMBER:																							
Branch of Service	UIC/PAS Code/RUC/OPFAC																						
	Day of Year																						
	Batch Number																						
5. SIGNATURE	6. DATE (YYMMDD)																						
<div>INSTRUCTIONS</div> <p>This form shall be used when mailing DD Forms 1172 to DEERS. Additional instructions are contained in the DEERS Program Manual, DoD 1341.1-M, or in related Service guidelines,</p> <p>BLOCK 1:</p> <ul style="list-style-type: none">a Give complete name of submitting activity. Abbreviate as necessary. Use no more than 24 characters. Example: Abbreviate Fighter Squadron Three Zero One as FITRON 3,\$1.b. Give internal routing indicator, office code, Base PO Box, as appropriate. Use no more than 24 characters. Example: ATTN: AFZT-AG-P.c. Give complete street address or base name and city, state, and ZIP code. Spell out the city for CONUS addresses. Use no more than 24 characters. Example 2100 L Street Naval Air Station Jacksonville, FL 32212 <p>BLOCK 2: Self-explanatory.</p> <p>BLOCK 3: Enter number of DD Forms 1172 being enclosed. Batch documents in numbers not to exceed fifty (50) per transmittal form.</p> <p>BLOCK 4: Branch of Service:</p> <table><tr><td>A — Army</td><td>P — Coast Guard</td></tr><tr><td>N — Navy</td><td>E — Public Health Service</td></tr><tr><td>M — Marine Corps</td><td>I — National Oceanic and Atmospheric Administration</td></tr><tr><td>F — Air Force</td><td>O — Other</td></tr></table> <p>UIC/PAS Code/RUC/OPFAC: Enter 6-character unique identifier. If appropriate identifier code for your organization is less than 8 characters, precede it with zeroes.</p> <p>Day of Year: Enter 3-digit date code. Example: March 9, 1981 is 068.</p> <p>Batch Number: Enter 3-digit batch sequence number (001-999). For the first batch of each new Day of Year, begin with 001.</p> <p>BLOCK 5: Enter signature of individual forwarding batch.</p> <p>BLOCK 6: Enter 6-digit date. Example: March 9, 1981 is 810309.</p> <div>Special Coding Instructions</div> <table><tr><td>Use 0</td><td>for letter O</td></tr><tr><td>Use 0</td><td>for number zero</td></tr><tr><td>Use Z</td><td>for letter Z</td></tr><tr><td>Use 2</td><td>for number two</td></tr><tr><td>Use I</td><td>for letter I</td></tr><tr><td>Use 1</td><td>for number one</td></tr><tr><td>Use L</td><td>for letter L</td></tr></table>		A — Army	P — Coast Guard	N — Navy	E — Public Health Service	M — Marine Corps	I — National Oceanic and Atmospheric Administration	F — Air Force	O — Other	Use 0	for letter O	Use 0	for number zero	Use Z	for letter Z	Use 2	for number two	Use I	for letter I	Use 1	for number one	Use L	for letter L
A — Army	P — Coast Guard																						
N — Navy	E — Public Health Service																						
M — Marine Corps	I — National Oceanic and Atmospheric Administration																						
F — Air Force	O — Other																						
Use 0	for letter O																						
Use 0	for number zero																						
Use Z	for letter Z																						
Use 2	for number two																						
Use I	for letter I																						
Use 1	for number one																						
Use L	for letter L																						

511

NAME: _____
ADDRESS: (Submitting
activity
address)

(Submitting
activity
address)

ACKNOWLEDGEMENT REPORT
REPORT DATE: 09/25/80

1172's NO. TRANSMITTAL DATE TRANSMITTAL
SENT: 014 NO, SENT BATCH
RECD: 014 A-OWAKZAA-255-096-0 80/09/11 80260056

SSN	NAMES	BRCH	REL SVCE	ICN	I	II	III	Iv
111-22-3333	LEAVEOFF	RANDI	T	A	80260056001	ACKNOWLEDGED		
001-33-5555	CATER	JAMES	S	A	80260056002	ACKNOWLEDGED		
123-45-9876	PANOLI	FRANCIS		A	80260056003,	ACKNOWLEDGED		
321-65-6789	DOE	JOHN		A	80260056004	ACKNOWLEDGED		
334-44-5656	SMITH	CHARLIE	L	A	80260056005	BLANK V.O, SIGNTRE		
432-10-0123	STARLINGS	JERRY	B	A	80260056006	ACKNOWLEDGED		
904-63-9986	DOCKTER	JOHN		A	80260056007			
	DEPENDENT	ALMA	D			ILLEG BIRTHDATE		
631-00-2020	WEAR	DENNIS	W	A	80260056008	ACKNOWLEDGED		
444-55-0000	SMYTHE	ALBERT	P	A	80260056009	ACKNOWLEDGED		
577-88-9999	BERRY	WALLACE	F	A	80260056010	ACKNOWLEDGED		
777-99-0000	LAUNDRY	JOSEPH	Q	A	80260056011	ACKNOWLEDGED		
111-22-3333	PARKER	PETER	A	A	80260056012	ACKNOWLEDGED		
333-11-9999	ANDRE	GENE	F	A	80260056013	ACKNOWLEDGED		
BAD-SS-NUMBER	PITTS	RODGER	V	A	80260056014	BLANK REL-TO-SPSR		
	DEPENDENT--	RODGER				BLANK REL-TO-SPSR		
	DEPENDENT--	PAMELA				BLANK REL-TO-SPSR		

ATTENTION: PERSONNEL OFFICER

THIS REPORT ACKNOWLEDGES THE RECEIPT OF THE LISTED DD1172 FORMS. EACH 1172 HAS BEEN THROUGH AN INITIAL SCREENING PROCESS. ANY ERRORS THAT HAVE BEEN DETECTED ARE LISTED TO THE RIGHT OF THE DOCUMENT ON THE REPORT AND THE 1172 IS ATTACHED. ONCE THE 1172 HAS BEEN CORRECTED IT SHOULD BE RETURNED TO US FOR PROCESSING. THE ATTACHED 1172 SHOULD BE RETURNED WITH CORRECTIONS MADE ON IT. IN CASES WHERE IT IS NOT POSSIBLE TO MAKE CORRECTIONS ON THE ATTACHED 1172, A NEW COPY MAY BE SUBMITTED WITH IT. RETURN THE 1172s TO THE ADDRESS INSIDE THE ASTERISK BOX ABOVE.

*MAIL To: *
* DEERS Enrollment *
* processing CENTER *
* POST OFFICE BOX 1328 *
* SANTA BARBARA, CA 93101 *

Figure 3-6
3-50

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OFFICE OF THE SECRETARY OF DEFENSE

DEERS PROGRAM OFFICE

DEERS
SUPPORT OFFICE

MEMORANDUM FOR DD FORM 1172 VERIFYING OFFICER

SUBJECT : DEERS DD FORM 1172 Processing

Thank you for your prompt processing of the DD Form 1172. Unfortunately, the following information is missing/illegible/invalid or incomplete:

SECTION I

[] Sponsor Last/First Name missing/illegible Block No.

[] Sponsor SSN missing/illegible/invalid Block No. _____

SECTION II

[] Last/First Name **missing/illegible** Block No. _____

[] Relationship missing/illegible/invalid/incomplete Block No. _____

[] Date of Birth missing/illegible/invalid/incomplete Block No. _____

[] Dependent must be in school or incapacitated to be claimed if 21 or over
Block No. _____

[] Dependent must be incapacitated if 23 or over Block No. _____

[] Privileges missing/illegible Block No. _____

[] MC Effective date missing/illegible/invalid/incomplete Block No. _____

OTHER

[] Not Verified/Verification incomplete Block No. _____

[] Document illegible

[] Sponsor Signature **missing**

[1] _____ Block No. _____

Without this information, the Enrollment Processing Center cannot enroll these applicants. As a result, they will not be on the eligibility file for medical benefits which may cause lengthy administrative delays.

Please check your files and correct the information noted above. If the sponsor has been transferred, please forward. This office does not need to be advised of such a referral. The DD Form 1172 must be returned to:

DEERS Enrollment Processing Center
Post Office Box 1328
Santa Barbara, California 93101

Thank you for your assistance.

Figure 3-7

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DEERS
ENROLLMENT PROCESSING CENTER WORKFLOW

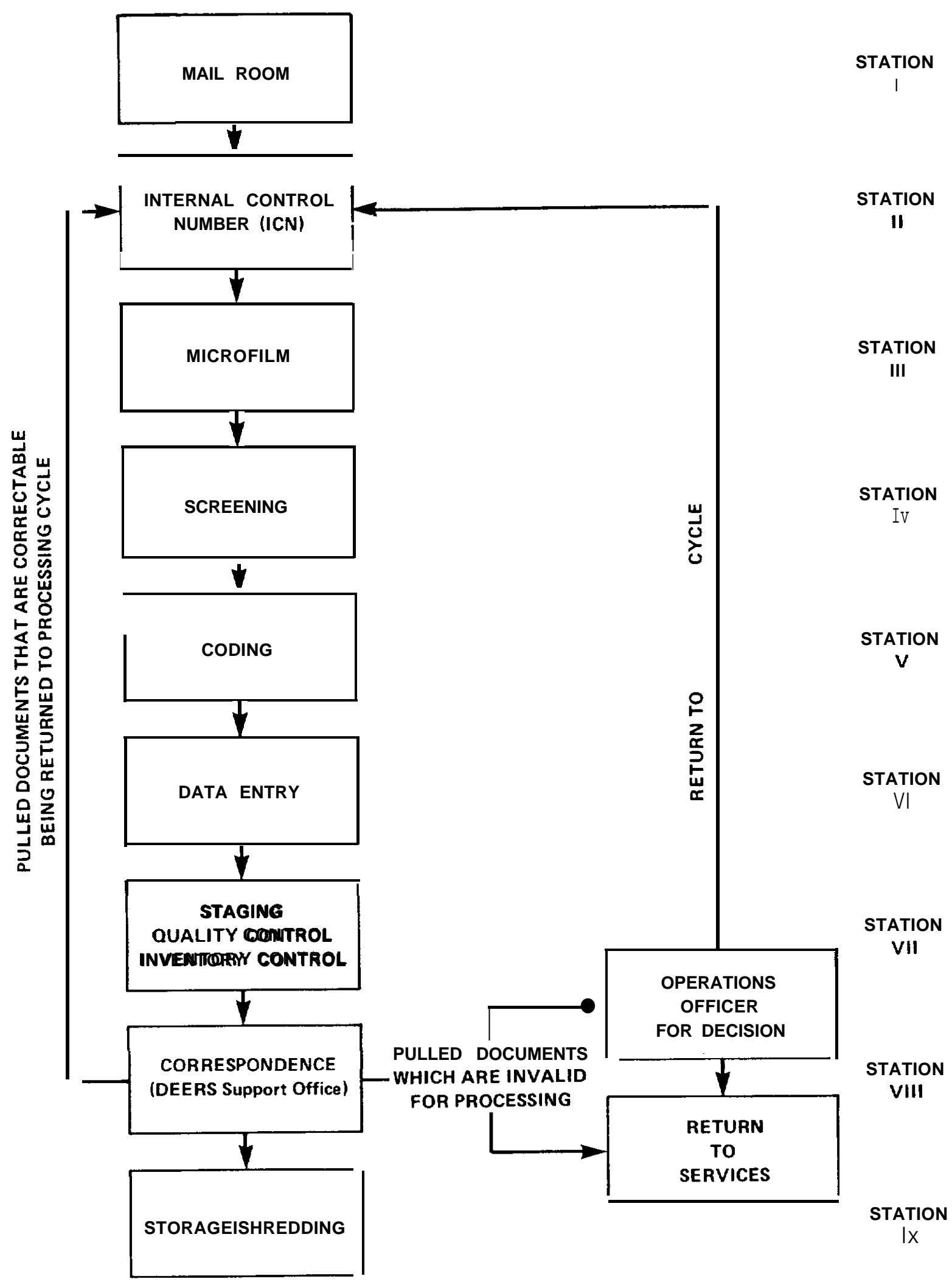


Figure 3-8

F14



OFFICE OF THE SECRETARY OF DEFENSE

DEERS PROGRAM OFFICE

DEERS
SUPPORT OFFICE

(Date)

MEMORANDUM FOR _____

SUBJECT : DEERS DD FORM 1172 Processing

During a recent edit of the DEERS DD Form 1172 Master File, the DEERS Support Office discovered a discrepancy regarding the spouse of:

Sponsor Name

Social Security Number

Status

Branch of Service

To correct this discrepancy please complete the following:

1. Place an X in the box NEXT to the Spouse whose ELIGIBILITY IS TO BE TERMINATED :

[1] _____
Name

[1] _____
Name

Date of Birth

Date of Birth

Social Security Number

Social Security Number

2. Place an X in the box that indicates the reason for eligibility termination:

[] Divorce

[] Death

3. Complete the effective date of termination of eligibility y:

YYYY MMM DD

4. Sign Below and complete your mailing address:

Verifying Officer Signature

Address

City, State, ZIP

Mail the completed letter to:

DEERS SUPPORT OFFICE
2100 Garden Road, Suite B-2
Monterey, CA 93940

Thank you for your assistance.



OFFICE OF THE SECRETARY OF DEFENSE

DEERS PROGRAM OFFICE

DEERS
SUPPORT OFFICE

MEMORANDUM FOR DD FORM 1172 VERIFYING OFFICER

SUBJECT : DEERS DD Form 1172 Processing Audit

During a recent edit of the DEERS **DD 1172 Master File**, the DEERS Support Office discovered a discrepancy which appears to be due to incorrect or missing information on the enclosed DD Form(s) 1172. The specific problem(s) is checked below.

- [1 Sponsor's last name
- [1 Sponsor's SSN
- [1 Dependent 's First Name/Block No. _____
- [1 Dependent's Date of Birth/Block No. _____
- [1 Dependent's Relationship/Block No. _____
- [1 Dependent's SSN/Block No. _____
- [1 Other _____ Block No. _____

To correct this discrepancy please take the following actions:

- a. Submit a new DD Form 1172 with the corrected information stapled to the erroneous DD Form 1172. The Verifying Officer must sign this new DD Form 1172. It is essential to return all of the DD Forms 1172.
- b. Return all the DD Forms 1172 to **DEERS Support Office, 2100 Garden Road, Suite B-2, Monterey CA 93940**.
- c. **If the sponsor has transferred, request you forward this letter and the enclosed DD Forms 1172 to the sponsor's new unit for corrections as indicated above. You need not inform the DEERS Support Office of this referral.**

Figure 3-10

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